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Alcoholism

FROM RECOGNITION TO RECOVERY

by Arthur Herscovitch



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**ALCOHOLISM:
From Recognition
to Recovery**



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ALCOHOLISM:

From Recognition to Recovery

by Arthur Herscovitch



ADDICTION RESEARCH FOUNDATION
Toronto, Canada

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Canadian Cataloguing in Publication Data

Herscovitch, Arthur, 1947-

Alcoholism : from recognition to recovery

Includes bibliographical references.

ISBN 0-88868-183-6

1. Alcoholism 2. Drinking of alcoholic beverages. 3. Alcoholism - Treatment. I. Addiction Research Foundation of Ontario. II. Title.

HV5035.H47 1989

362.2'92

C89-095005-9

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Published by Addiction Research Foundation, 33 Russell Street,
Toronto, Canada M5S 2S1. Printed in Canada.

CONTENTS

Preface	vii
1. Why Do People Drink?	1
2. Social Drinking <i>vs.</i> Problem Drinking: What Is the Difference?	6
3. Alcoholism	11
4. Physical Features of Alcoholism	15
5. Psychological Features of Alcoholism	20
6. Denial	27
7. Social Signs of Alcoholism	32
8. Alcoholism in the Family	38
9. Probable Causes and Ways of Developing Alcoholism	46
10. Progression of Alcoholism	52
11. Beginning Recovery	58
12. Treatment	67
13. Obstacles to Sobriety	74
14. Living without Alcohol: Alcoholics Anonymous	86
Bibliography	89

DEDICATION

To my wife, Linda, and my daughter, Rennie.

ACKNOWLEDGMENTS

I would like to thank André for editing the important first draft of the manuscript, and Cathy for typing it.

PREFACE

During my 13 years of practice, lecturing, and offering workshops in the field of chemical dependency, I have been asked thousands of questions about alcoholism by clients, their family members, other professionals, and interested people. I decided to compile my answers according to themes and, quite unintentionally, this book evolved. It is literally an answer to all of those questions I have been asked about why people drink: the differences between social drinking and alcoholism, what alcoholism is and how it is recognized, the progression of the disease, and how one can recover.

If you consume alcohol or just have an interest in alcoholism, then this is a good book for you to read. Although most people who drink are not alcoholics, there are many who indeed are. Also, there are many people who are alcoholics but are not aware that they are. While this book is not intended to teach the reader to diagnose alcoholism—this is a job for professionals—it is intended to help you become more aware of the problem of alcoholism and to recognize some of the signs. Given that the majority of adults consume alcohol regularly, and given that some of these people experience drinking-related problems, I differentiate between the drinking patterns of social drinkers, problem drinkers, and those who are alcoholic. Should you be concerned that you or someone you know may have a problem with alcohol, I also discuss courses of action that you may pursue.



WHY DO PEOPLE DRINK?

People drink for a host of reasons. Yet, when we analyse these various reasons, some common causes become apparent. These include the effect alcohol has on how we feel, our desire to fit in with what our friends do, what we learn about drinking from our parents and other role models, and how our culture regards drinking.

Drinking to Feel Good

One of the most common reasons for drinking is its effect on the way we feel. While some people drink because they like the taste of alcohol, others drink for the psychological effects. Alcohol is an intoxicant—a drug which often produces an emotional high and flights of euphoria. For many people, such states of mind are most enjoyable, and they associate drinking with feeling good.

There are two aspects of this “pleasurable” effect which make drinking so popular. First, it is usually consistent and predictable. People know beforehand that if they drink, they will probably feel good. Second, these pleasant feelings happen almost immediately; people rarely have to wait long for the effect to occur.

Most people who drink for pleasure do so in places and at times which are appropriate, and they therefore do not experience difficulties. But, there are others who drink in a harmful fashion; they may drink too much, and behave foolishly, obnoxiously, or dangerously while under the influence of alcohol, or they may drink at the wrong times (for example, before driving) or in the wrong situations (such as at work). These individuals drink for the positive effects already

noted, but also experience harmful results. Many people, however, can't or won't believe what they don't want to believe (this is described in more detail in Chapter 6). As a result, there are those who drink in a harmful fashion but do not recognize that their drinking is a problem.

We frequently see people who drink despite the fact they often get into trouble by doing so, and it is hard to understand why such people continue drinking. Yet people don't drink to get into difficulties; they drink because they want to feel good. At the same time, they do not associate drinking with trouble. They only perceive the good side of drinking because they either ignore or downplay the harmful consequences. This process unfortunately allows people to naively continue drinking under the false belief that problems will not occur.

Drinking to Diminish Uncomfortable Feelings

Besides drinking to experience pleasurable feelings, some people also drink to remove or dull unhappy feelings. Alcohol works effectively as an emotional anaesthetic. Though the effect is temporary, and unpleasant feelings return once the initial influence has worn off, alcohol is still widely consumed for this dulling effect. Like the "good feeling" effect, the dulling effect occurs almost immediately.

Again, some people who drink to diminish uncomfortable feelings incur problems by drinking too much, at the wrong time, or in the wrong situation. The trouble they get into usually results in more uncomfortable feelings, such as guilt and anxiety, and thus creates more of a "need" to drink. Quite commonly, a pattern develops of drinking to lessen unhappy feelings—leading to more trouble due to drinking, more unhappiness, and therefore more drinking. If you happen to be someone who drinks in a harmful fashion, such as drinking too much or at the wrong time or place, or someone who acts inappropriately while under the influence of alcohol, then you are inadvertently increasing your "need" to drink.

There are also some people who drink on a fairly continuous basis and experience uncomfortable symptoms of withdrawal if they suddenly stop drinking. When a person's body is used to high levels of alcohol, it has difficulty adjusting to no alcohol. This results in physical and emotional discomfort. Such people often continue to drink to avoid this discomfort.

There is one final point regarding the use of alcohol to remove feelings we do not like. Many of us do not realize that there are situations or times when we should feel uncomfortable. Therefore, drinking to remove discomfort can be an inappropriate attempt to produce artificial feelings of calmness. To illustrate, a university student feels anxious just prior to writing an examination and has a few drinks to relax. Yet anxiety prior to an exam is natural, and removing it is an attempt to create an unnatural situation. Anxiety may even be functional in that it can help us perform by increasing our level of awareness. Similarly, at times it is even appropriate to feel depressed, angry, or guilty. To remove or blunt these feelings may not be beneficial.

Peer Pressure

Generally, people behave in ways that satisfy the group to which they belong or wish to belong. If we are too different from our social group, we run the risk of rejection. Because we need to be accepted and liked by others, we generally dress, eat, talk, and otherwise behave like others in the group. The same applies to drinking. We tend to drink like others in our group, so that we will be liked and accepted by them. If the group consists of light social drinkers, we will probably drink in a similar fashion. On the other hand, if our group consists of heavy drinkers, we will probably feel pressured to drink more heavily. It is not uncommon, for example, for an individual who begins a new job to adopt the drinking patterns of fellow workers in order to gain acceptance. If the new employee does not do so, he or she risks rejection.

Role Modelling and Imitation

People often learn by observing how others act and noticing what happens. If what happens is desirable, the observer will often act in a similar fashion to get the same result. Alternatively, if what happens is unpleasant, the observer probably will act differently. For example, if we are hesitant about trying a new food, but observe another eating and enjoying it, there is a greater chance of our tasting it. But if the person does not like the food, we will probably not be tempted to try it.

In the case of alcohol, many people develop patterns of drinking based upon how they see others imbibing. Consider the child who observes his parents drinking and having fun, or another child who

sees her parents drinking in order to relax. As these children grow into their teens, drinking for them could well be firmly established as a way of having fun or reducing stress.

Not only do we learn new ways of behavior by observing others, but we can also weaken our resistance against doing things we have been taught not to.

In some families, children learn that drinking is taboo. In others, light social drinking is acceptable. Young children may first adopt the values of their families. But as children grow older, their peers and idols become more influential and compete with parental influences. Children and teenagers often imitate what their peers and role models do, even if this goes against their parents' beliefs. If our peer group, for example, believes in heavy drinking, this can strongly influence us, even if we come from families where abstinence or light drinking is valued.

There is also another important but subtle fact to consider. Parents who drink heavily in response to stress are signalling to their children that drinking is the best way to handle problems. Because these children are not exposed to healthier and more adaptive patterns, they may mature into adults who are poorly equipped to respond to adversity. This process often occurs even if children do not approve of their parents' heavy drinking. If children are not taught healthier, non-drinking ways of responding to stress, they may not have any other alternative but to drink. To illustrate: a young child frequently observes her mother, after a busy day at work, come home and have a few drinks to relax. There's a good chance, when the child is older, that she too will drink to relax. If, on the other hand, she saw her mother exercising or sharing feelings with her husband in order to relieve stress, there is less of a chance that the child will drink to relax.

Cultural Factors

Our culture affects our attitude about many things, drinking included. People raised in a culture which condones or even values heavy drinking will themselves be likely to drink heavily. Conversely, people brought up in cultures in which heavy drinking is socially unacceptable are very often light drinkers. The cultural influence on attitudes toward drinking usually begins in childhood. It stands to reason, then, that children who are continuously exposed

to culturally acceptable heavy drinking soon learn that this type of drinking is the thing to do.

* * * *

In summary, the various factors which influence why, and also how, we drink include: the effects of alcohol upon how we feel, the attitudes of our peers toward drinking, the modelling influence of others, and cultural pressures.

2

SOCIAL DRINKING vs. PROBLEM DRINKING: WHAT IS THE DIFFERENCE?

Social Drinking

Social drinking can be likened to wearing a well-fitting shoe. The shoe is not uncomfortable and is not distracting. Most of the time, you would not even think about it. Most people who consume alcohol are social drinkers. Social drinking is an implicit part of their lives and, like wearing a shoe that fits, people who drink socially are neither distracted by, nor concerned about, their consumption, since it does not cause problems or discomfort. Social drinkers don't worry about whether they drink too much, because they don't have to. They control and appropriately regulate the amount they drink. Drinking is rarely, if ever, an issue in their lives.

Social drinkers are always in control of the quantity of their consumption and when and where they consume. These are the three major guidelines which distinguish styles of consumption: how much, when, and where.

By being in control of how much they drink, I mean that social drinkers know when to stop. They drink an appropriate amount for the situation. Social drinkers do not experience drinking-related problems, and they do not have to concern themselves with cutting back. During times of stress or in situations requiring greater mental alertness or physical exertion, social drinkers usually decrease their alcohol consumption without consciously thinking about it. They do not use alcohol extensively as a tool, such as in helping them sleep, reducing anxiety, or dealing with difficult situations. They usually drink because they like the taste, or because they enjoy such drinking

contexts as being with friends or having a fine wine with dinner.

The most important factor which differentiates social drinkers from alcoholics is the control factor. Social drinkers are always in control of their consumption, rather than allowing its effects to control them.

CASE EXAMPLE

Edward is a 38-year-old who will occasionally pour himself a drink when he comes home from work. He enjoys relaxing by reading the newspaper and sipping his drink. On weekends, Edward and his wife may go out to dinner, to a party, or spend an evening with friends. In these situations, he may have a drink or two. During the week, he doesn't have more than one drink in an evening, nor does he like to drink on Sunday nights because he wants to be alert for work the next morning. Edward doesn't like to drink too much because he does not wish to risk acting in a manner that could embarrass him or others. It also doesn't bother him to be in a social situation where alcohol is not present.

PSYCHOLOGIST'S COMMENT

Edward's attitude about alcohol is that he can take it or leave it. He is firmly in control of his consumption and certainly does not let it get out-of-hand. He does not drink in situations or at times where it is inappropriate, and consequently he does not appear to experience drinking-related problems. Edward is a social drinker.

CASE EXAMPLE

Sam is a 46-year-old who considers himself a social drinker. When Sam comes home from work he invariably feels that he needs a drink in order to relax. If Sam does not have his drink, his wife complains that he is irritable. At times she will even encourage him to have a drink so that he might relax. Sam is not comfortable in social situations where alcoholic beverages are not available. He does not feel able to relax and enjoy the situation unless he can have a few drinks. At times, Sam will drink considerably more than a few drinks. This has occasionally resulted in arguments between him and his wife, especially when she expresses concern about the extent of his drinking. On a couple of occasions, Sam has shown up at work hung over from the previous

night's drinking. Once, at a wedding, after a lot to drink, he made some insulting comments to his wife's sister. When Sam's wife confronted him about the incident the next morning, he could not recall what he had said or that the incident had even occurred.

PSYCHOLOGIST'S COMMENT

Sam is not a social drinker. He has lost control over aspects of his alcohol consumption in that he often feels the need to drink and will often drink too much. Sam has also lost control over the effects of his consumption, which has resulted in arguments. He has gone to work hung over, and occasionally he embarrasses himself in social situations. He also experiences feelings of irritability, which he believes he cannot control unless he drinks. Sam is obviously, albeit unintentionally, experiencing problems as a result of his alcohol consumption. He cannot be referred to as a social drinker.

Problem Drinking

Sometimes, people who are usually able to control how much they drink, as well as when and where, may choose for a variety of reasons to drink more than they should, or to drink at inappropriate times or places. People who drink in this manner are often referred to as problem drinkers.

Problem drinkers are, in essence, individuals who have the potential to be social drinkers, but who, for a variety of reasons, drink in ways which are potentially harmful. The major characteristic which separates problem drinkers from alcoholics is that problem drinkers are potentially able to control how much they consume, as well as when and where. In other words, problem drinkers are able to moderate their consumption to become social drinkers.

It is relatively easy for professionals in the field of alcoholism and chemical dependency to distinguish social drinkers from problem drinkers and alcoholics, since social drinkers, as we know, control the extent of their consumption, as well as where and when they drink and, as a consequence, do not experience problems. It is more difficult, however, to distinguish between problem drinkers and alcoholics because drink-related problems occur for both. The major difference is that problem drinkers still retain the potential to control consumption, whereas alcoholics on most occasions cannot.

Despite the fact that problem drinkers are still in control of how much, as well as when and where they drink, they often drink inappropriately. This may be the result of simply not caring, peer pressure, immediate effects of alcohol, or some other reason. Whatever the case, problem drinking is potentially harmful.

CASE EXAMPLE

Joan is a 53-year-old housewife. She has been married since she was 22, says she is quite content with her marriage, and expresses love for her husband. Joan's husband is a construction contractor and spends a great deal of time at work. Joan and her husband have two children in their early twenties who are now living on their own. Before and during her first years of marriage, Joan was a teacher but stopped to raise her children. When they were young, Joan was quite content with her decision and obviously enjoyed motherhood. As the children grew, however, they became more independent, and Joan was left with increasing time on her hands. On a number of occasions, her husband encouraged her to return to teaching, since she appeared to be bored and depressed, but Joan kept putting off the decision.

Joan always considered herself a social drinker, and indeed she was. Within the last two to three years, however, she discovered that if she just had "a few drinks," it would make her day pass more quickly. She rarely became noticeably intoxicated but did claim that the drinks made her feel better. Joan's husband was becoming quite concerned about the smell of alcohol on her breath and about the fact she did not groom herself as neatly as she had in the past. Joan had always been close to her children, even after they began living on their own, and they also became concerned about her drinking.

Whenever Joan and her husband went out to dinner or got together with friends, she might have a glass of wine or a cocktail and enjoy herself. She never overindulged during these occasions, and, at times, she wouldn't drink at all, saying that she simply didn't feel like it. To most people who interacted with Joan, she appeared to be a social drinker.

PSYCHOLOGIST'S COMMENT

Joan is not a social drinker; she is a problem drinker. On most occasions she uses alcohol as a tool, which results in problems

for her. Joan is able to control the extent of her consumption, as well as when and where she drinks. She never drinks to the point of intoxication, but just enough to feel better—to diminish feelings of boredom and depression. Her drinking, however, is concerning her family. Joan does have the potential to moderate her drinking and to once more become a social drinker, but this would depend upon her making some relatively significant lifestyle changes to relieve her boredom and subsequent depression.

The example just presented raises an important issue. Problem drinking is not rectified simply by moderating one's drinking. It also involves recognizing lifestyle factors which contribute to a problem-causing style of consumption and then effecting changes in that lifestyle to maintain more moderate consumption.

3

ALCOHOLISM

Alcoholism, or addiction to alcohol, is different from both social drinking and problem drinking. The main differentiating factor involves the issue of control. While both social drinkers and problem drinkers can—and, in the case of social drinkers, always do—control their alcohol consumption, alcoholics cannot. Alcoholics have difficulty controlling, or cannot control, how much they drink, and, at times (more frequently in the later stages of alcoholism), they have difficulty controlling—or can't control—when and where they drink.

As I previously stated, a social drinker knows when to stop and drinks at appropriate times and places. Problem drinkers also have this capacity, but, while sometimes drinking to excess and experiencing problems, they have the potential to reduce consumption and become social drinkers. An alcoholic cannot do this. Alcoholics are people who often drink to excess. When they do attempt to moderate consumption, it is typically only for short periods of time (days, perhaps weeks, or occasionally months) before heavy drinking again resumes. If you have tried unsuccessfully to cut back on your drinking, there is a distinct possibility that alcoholism is a factor in your life.

Alcoholics have two choices: they can either continue drinking in a fashion which is harmful and which probably will become progressively more harmful, or they can stop drinking entirely. For alcoholics, controlled drinking is an exercise in futility. The inability to sustain controlled drinking for indefinite periods of time is the main distinguishing feature which separates alcoholics from others.

Alcoholics Anonymous (AA) clearly differentiates between social drinkers, problem drinkers, and alcoholics. AA, in *Alcoholics Anonymous*, pages 20-21, describes social drinkers in the following manner:

"Moderate drinkers have little trouble giving up liquor entirely if they have a good reason for it. They can take it or leave it alone."

Problem drinkers are categorized as:

"Then we have a certain type of hard drinker. He may have the habit badly enough to gradually impair him physically and mentally. It may cause him to die a few years before his time. If a sufficiently strong reason—ill health, falling in love, change of environment, or the warning of a doctor—becomes operative, this man can stop or moderate...."

Alcoholics are defined as:

"But what of the real alcoholic? He may start off as a moderate drinker; he may or may not become a continuous hard drinker; but at some stage of his drinking career he begins to lose all control of his liquor consumption, once he starts to drink."

In other words, Alcoholics Anonymous recognizes the loss of control as a major differentiating factor between alcoholics and other types of drinkers.

Definitions of Alcoholism

Besides the central issue of loss of control, there are many other characteristics of alcoholism. These will be covered in detail in the next few chapters. First, however, I present two definitions by way of introduction to the concept of alcoholism, to provide a basic understanding of the problem.

One authority, Mark Keller, in the *Quarterly Journal of Studies on Alcohol* defines alcoholism as:

"A disease manifested by repeated excessive implicative drinking so as to cause injury to a drinker's health or to his social or economic functioning."

A very similar definition is provided in the *Manual on Alcoholism* by the American Medical Association:

"Alcoholism is an illness characterized by preoccupation with alco-

hol and loss of control over its consumption such as to lead usually to intoxication if drinking is begun; by chronicity; by progression; and by a tendency toward relapse. It is typically associated with physical disability and impaired emotional, occupational, and/or social adjustments as a direct consequence of persistent and excessive use of alcohol."

Both of these definitions state that alcoholism is a disease whose symptoms, or manifestations, are excessive, chronic (long-term) drinking which results in potential harm to an individual's health and/or social and economic wellbeing.

A question arises from these definitions. Why would anyone who is thinking in a rational fashion consume alcohol in a long-term, overly indulgent way if such a pattern is harmful to one's health and social and economic welfare? The answer is that alcoholics do not typically intend to over-indulge. *Most alcoholics do not intend to drink harmfully, but only end up doing so because, once they start drinking, they lose control over the extent of their consumption.*

Drinking considerably more than their original intent, alcoholics frequently end up in trouble. Some alcoholics have lost control over their drinking to such an extent that they drink in situations and/or at times when they shouldn't. It is therefore understandable that long-term uncontrolled drinking often results in health, social, and economic problems. Uncontrolled drinking does not imply that one has to drink every day, although many alcoholics do. It means that once an alcoholic begins drinking on any occasion, he or she often has difficulty stopping and frequently experiences problems as a result.

Alcoholism is a disease, and, like other illnesses, can be described and defined in terms of symptoms (detailed in the next four chapters). Also, like other illnesses, the course of the disease is predictable and progressive. Furthermore, alcoholism is considered to be a primary or basic illness in that it is not a symptom of some other underlying disorder. The illness is also permanent. If it is not treated, it can result in premature death. However, the progression of the illness can be arrested. When alcoholism is treated and responded to appropriately, the result is remission.

Alcoholism appears, therefore, to be a disease like any other. People don't lead lifestyles with the intent of developing diseases

like diabetes or hypertension (high blood pressure). Similarly, people don't adopt lifestyles with the intention of developing alcoholism. Also, once a person has acquired the disease of alcoholism, will-power does not make the disease go away, any more than it does other diseases. Nonetheless, alcoholics often attempt to will themselves into drinking in a controlled fashion. Typically, after a period of time, this process breaks down, and excessive drinking resumes. Like other diseases, alcoholism requires appropriate treatment and a lifestyle change to effect a remission.

Remission is not a cure. It means that the disease is present, but inactive, and that appropriate lifestyle changes must be made and maintained to sustain remission (this will be discussed more fully at a later point).

4

PHYSICAL FEATURES OF ALCOHOLISM

Alcoholism is a progressive disease which eventually affects all aspects of an individual's life. Like other diseases, alcoholism begins with early warning signs. If these are ignored, if the individual continues to drink, the disease becomes worse. It really does not matter if a person is a periodic drinker (someone who does not drink every day) or a daily drinker. Alcoholism is a progressive disease, and, unless it is arrested, it will produce psychological, social, and eventually physical deterioration.

There is a myth that one must consume large quantities of alcohol on a daily basis to be an alcoholic. This is not the case. While there are many alcoholics who do indeed drink on a daily basis, there are many others who only drink on a periodic basis. They may go for days, weeks, or even months without drinking, but it's what happens when they do drink that is the issue. If they invariably or even frequently lose control over the extent of, as well as the consequences of, their consumption, then alcoholism is present. The control issue, rather than the extent or frequency of consumption, is the major distinguishing feature. There are, however, features other than control which are also characteristic of alcoholism. This chapter deals with the physical features.

Blackouts

The prodromal or early stage of alcoholism is often characterized by the onset of periods of alcohol-induced amnesia, or blackouts as they are often called. *A blackout refers to a period of time*

when a person who is drinking, or who had recently been drinking, has no recall of events. Blackouts can range from a few minutes to a few hours and, in some cases, even a few days. Paradoxically, people in such states of alcohol-induced amnesia often do not appear intoxicated or drunk. They seem to be behaving very normally. Regardless, people who experience blackouts, rarely, if ever, recall what they say or do during these states. For example, a person goes to a party and after a few drinks blacks out. The next thing that person remembers is waking up in bed the next morning, with no recall of what he said, did, or even how he got home the previous night.

Even though drinking-related blackouts are usually characteristic of alcoholism, not all alcoholics have them. The early stage of alcoholism for some people may be associated with a few short-term and infrequent blackouts. But as drinking continues and the disease progresses, these blackouts usually occur more frequently and are often longer in duration.

It is not uncommon for people in such a state of alcohol-induced amnesia to act in ways that are inconsistent with their basic personalities. Some people even commit crimes while in a blackout—crimes they wouldn't even consider committing had they been sober.

CASE EXAMPLE

Phil is a chartered accountant and a father of two children; a daughter, 14, and a son, 11. Phil has been married for 17 years, and he loves his wife and children very much.

Phil is also an alcoholic. He has been drinking quite heavily for 15 years. He does not drink at work, but at home he consumes alcohol frequently and in excess. While he is under the influence, Phil occasionally makes rude comments to his wife and children. This has resulted in an emotional rift in the family. When confronted by his wife with things that he has said while under the influence, he does not believe her because he simply does not remember acting that way.

Recently, after a particularly heavy drinking bout, Phil fondled his daughter. The next morning, angrily confronted by his wife, he was devastated and overcome with guilt. He simply could not believe that he had done such a horrid thing—he had no recollection of any aspect of the event. He would never, while sober, have considered doing such a thing to his daughter.

PSYCHOLOGIST'S COMMENT

Phil is experiencing alcohol-induced amnesia or blackouts—he does not recall what he says or does during these periods. Not all people get into trouble during states of amnesia, but since one is not in conscious control of one's behavior during these states, the possibility of trouble occurring is always significant.

If you are experiencing alcohol-related blackouts, it would be wise for you to seek professional help regarding your drinking. You cannot predict or control how you will act while in a blackout, and are putting yourself in danger.

Increase or Decrease in Tolerance

The ability to drink increasingly greater quantities of alcohol over time to get the same effect is another indicator that alcoholism may be present. *In other words, developing the ability to hold your liquor may not be something to be proud of but instead may be an indicator of alcoholism, or at the very least, impending alcoholism.* We know the body has the capability of adapting physically to a drug, in this case alcohol, so that greater amounts of the drug are required to produce the same effect. The body becomes used to higher levels of alcohol and reacts in the same way that it did when the levels were lower. This increase in tolerance is an adaptation to the higher levels. As tolerance increases in response to higher levels of alcohol intake, even higher levels are required to achieve any significant effect, and consumption therefore increases.

For example, a person may start off with a few drinks here and there in order to relax. As the body adapts to this level of alcohol, more is required to produce the same state of relaxation. Over a period of time, in response to the increase in tolerance, that individual drinks increasingly more to achieve the same effect. This process is often so subtle that many alcoholics do not realize how significantly their alcohol intake has increased over time.

In order to accommodate this need for more alcohol, people change their patterns of drinking. They may sneak drinks, switch from beer or wine to hard liquor, or drink doubles rather than singles.

For some people, tolerance increases rapidly and, correspondingly, so does consumption. But we also know that, for many alco-

holics, tolerance increases to a certain point, and then rapidly decreases. This is typified by the case of an individual who used to drink large amounts of alcohol to get drunk, but who now only requires small amounts. This decrease in tolerance—i.e., the ability to hold alcohol—usually occurs after many years of drinking and is associated with chronic (long-term) alcoholism. In the more chronic stages of alcoholism, an obvious decrease in tolerance often occurs, where small quantities of alcohol now produce intoxication.

Physical Complications

During the early stages of alcoholism, few physical problems are apparent. As drinking progresses, however, specific symptoms reflecting physical damage occur. Serious physical problems are often associated with the later stages of alcoholism. For example, many alcoholics experience problems associated with nutritional deficiency caused by alcohol replacing food. These deficiencies can result in muscle weakness, numbness, and pain.

Alcohol-induced malnutrition can affect the brain and result in memory deficits and problems in concentration. It is common for long-term alcoholics to complain about not being able to remember or concentrate. Alcohol also has a direct toxic (poisonous) effect upon brain cells. Autopsy studies have indicated that the brains of many chronic or long-term alcoholics have shown atrophy—brain tissue shrinkage and damage. Prior to death, this atrophy would have manifested poor judgment and lowered socializing skills and mental productivity.

Besides affecting the brain, alcohol produces or contributes toward direct damage to other parts of the body, including the stomach, intestines, heart, pancreas, and liver. Also, cancers of the mouth, tongue, and esophagus are more common in alcoholics than in non-alcoholics.

Alcohol alters levels of stomach acid secretion. It also irritates the lining of the stomach and weakens it, making it more susceptible to bleeding. This is the reason why many alcoholics have stomach problems, such as gastritis and ulcers. The negative effects of heavy consumption upon the liver are also well-known. Fatty liver, which is usually reversible, and cirrhosis, where liver cells degenerate and which is irreversible and often life-threatening, may occur. Alcoholic hepatitis or inflammation of the liver may also result. Furthermore,

damage to the heart muscle frequently occurs after 10 or more years of heavy drinking. This usually results in chronic shortness of breath, ankle swelling or, in extreme form, heart failure.

For males, long-term excessive drinking frequently interferes with sexual functioning. Many alcoholics experience impotence—the inability to have an erection. Compared to non-alcoholics, many alcoholics also have lower levels of the male hormone testosterone and higher levels of female hormones. For some long-term alcoholics, this results in breast enlargement.

In females, alcoholism can reduce menstruation or stop it entirely. Alcohol misuse during pregnancy can result in Fetal Alcohol Syndrome (FAS). FAS babies experience growth and mental retardation, smaller heads, flattened faces, and abnormal behavior patterns.

5

PSYCHOLOGICAL FEATURES OF ALCOHOLISM

Why people drink was discussed in Chapter 1. For some people, these reasons become so overwhelming that they have a need to consume progressively more alcohol. As a psychological and, in some cases, a physical addiction develops, the reasons to drink become even more powerful. Eventually, because many alcoholics feel so compelled to drink, they come to believe they can not effectively exist without alcohol. A number of psychological factors are commonly associated with this need to drink.

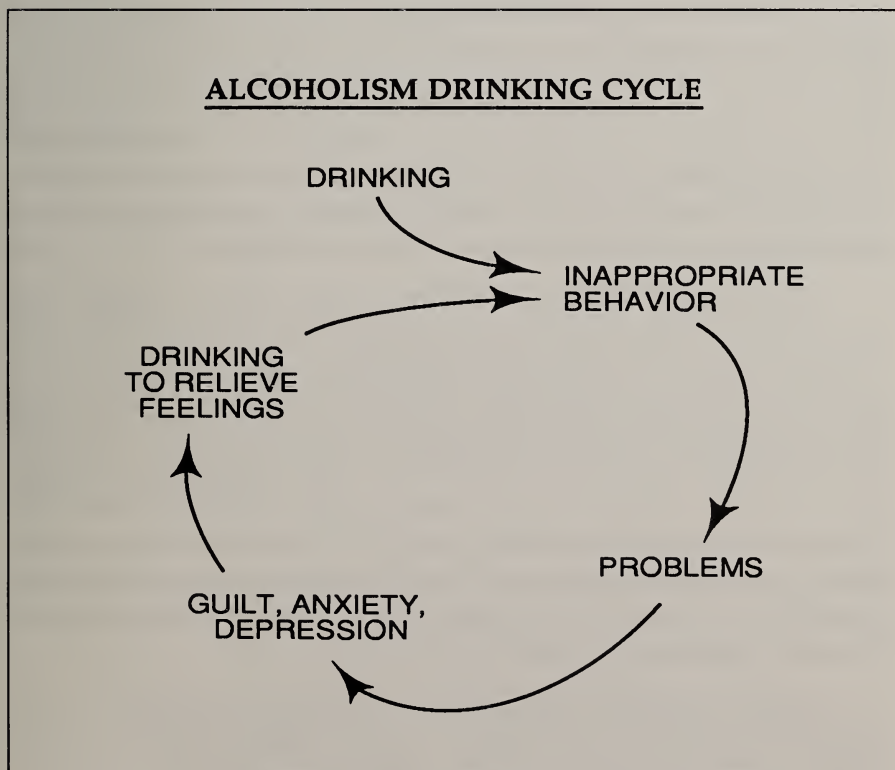
The Power of Alcohol's Immediate Effects

As previously mentioned, the immediate effects of drinking are important contributing factors to why many people drink. For alcoholics, these effects become very powerful—considerably more so than for non-alcoholics. Because alcoholics often experience a wide range of alcohol-related difficulties, such as employment problems, legal difficulties, marital disharmony, and physical ailments, they often experience guilt, anxiety, depression, and a host of other uncomfortable feelings. Drinking to reduce or remove these feelings becomes more inviting. *The worse one feels, the more inviting is an agent which can reduce or eliminate these feelings.* Alcohol is just such an agent. In other words, alcohol becomes even more appealing. The discomfort-reducing value of alcohol is not very powerful for social drinkers because they do not experience the type of alcohol-related problems that alcoholics experience. Therefore, they do not have drinking-related anxiety and tension to reduce.

Alcoholism is considered a self-perpetuating disease—drinking

often results in trouble that increases the likelihood of drinking to relieve the bad feelings caused by the trouble. A cycle develops; trouble, negative feelings, drink, more trouble, and so on. *Alcoholics continue to drink, not to produce more trouble for themselves, but with the sole intention of feeling better.* One alcoholic succinctly summarized the above by stating: "The cure is the problem, which becomes the cure." Another way of putting it would be: "The problem is the cure, which becomes the problem."

An example of this occurred with another alcoholic who had recently become separated from her husband as a consequence of her drinking. After several years of threatening that the marriage would dissolve if she did not stop drinking, her husband finally left her. When asked how she handled her feelings of anxiety and depression resulting from the separation, she stated that she drank. The more drinking-related trouble she experienced, the more she felt the need to drink.



Defensiveness

Unlike social drinkers, alcoholics usually become very defensive about their drinking. Because alcohol is so important to them as a stress-reducing tool, alcoholics usually become very angry when people confront them about their drinking. Emotional defensiveness is common in alcoholism.

Relying on the short-term, stress-reducing properties of alcohol, most alcoholics tend to actively ignore the long-term, harmful consequences. When challenged, people who are alcoholic often fabricate or make up numerous reasons for their drinking. They are committed to them, even if these excuses do not appear to be valid to an observer. *Alcoholics rely so heavily upon the short-term value of drinking that they are emotionally committed to down-playing and minimizing the harmful long-term consequences.*

Low Tolerance for Stress

Another psychological characteristic of alcoholism is low tolerance for stress. Years of drinking result in alcoholics' experiencing difficulties in responding to stressful or anxiety-inducing situations. *It is common for people who are actively alcoholic to over-react to situations and to respond impulsively. As alcoholics increasingly rely on alcohol to help them deal with difficult situations, their natural psychological resources become weaker through disuse.* These natural resources include the ability to share one's feelings, to relate with others at an emotional level, and to trust others.

Though some alcoholics recognize that, without alcohol, they are not able to cope effectively with stress, they will often deny this to others. Hence, the alcoholic often ends up feeling very alone. In turn, this strengthens the value of alcohol for the individual and further entrenches the drinking pattern. This process occurs regardless of whether a person is a continuous, daily drinker or a periodic, bender drinker. As the typical stresses of life associated with marriage, family, employment, finances, and interpersonal relationships amass, the periodic drinker will consume alcohol to reduce feelings generated by stress. On the other hand, the daily drinker consumes alcohol to continuously blunt these feelings.

Though not experienced by all alcoholics, the effects of withdrawal from alcohol contribute to the stresses of life for many. Alcohol is a drug which produces feelings of calmness and relaxa-

tion. Like any addicting drug, however, withdrawal effects occur when the desirable drug effect begins to wear off. With alcohol, psychological withdrawal effects include restlessness, elevated anxiety, and irritability. These effects usually begin to occur anywhere from several hours to a day or two after an individual stops drinking. They are one of the signs of alcohol addiction. Many of those who have experienced withdrawal continue to drink to blunt these feelings previously associated with withdrawal. A constant supply of liquor therefore becomes mandatory. The temporary absence of alcohol can be highly stressful; as a result, some alcoholics sneak drinks and hide bottles.

As alcoholics become entrapped in a pattern of drinking to reduce stress, they often consume greater quantities in response to increased pressure. Because they are often under the influence of alcohol, or at least experiencing lingering effects from drinking, alcoholics do not respond to daily stress as effectively as they ordinarily might. These ineffective response patterns create more pressure, resulting in alcoholics' experiencing states of continuous anxiety—thus contributing to an over-reaction to events and, in turn, to continued alcohol use.

Immaturity

Another common psychological characteristic of alcoholism is emotional immaturity. One major characteristic of the (immature) behavior of children is their inability to wait until the proper time and place to have their needs satisfied. For example, a child who is tired will fall asleep regardless of the surrounding environment. A hungry child will often be irritable until he or she is fed. For children, this is normal behavior. As children mature into adulthood, they gradually learn how to wait for the proper time and place to have their needs satisfied, a process referred to as the development of delayed gratification.

Let us now look at what happens with alcoholism. As alcoholics consume progressively more alcohol, they become increasingly dependent upon having their needs satisfied immediately, because this is what alcohol does. If an individual wishes to feel good immediately, all that is required is that the person drinks. This is why alcohol consumption is so popular. If a person wishes to diminish or eliminate uncomfortable feelings, all that person need do is drink. The effects of consumption occur quickly in both of these cases.

Consequently, alcoholics often become psychologically addicted to feeling good immediately, and, correspondingly, become progressively less able to delay gratification. Eventually, a progressively immature behavior pattern, similar to that of young children, develops—immediate emotional and (at times) physical gratification is sought. The real world does not always cater to these needs, and the alcoholic, like a young child, becomes irritable and over-reacts.

CASE EXAMPLE

Joseph started drinking when he was 12. He is now 27, unemployed, and whenever he has money he will drink, invariably becoming intoxicated. He has a history of (alcohol-related) trouble with the law and being fired from jobs. Due to his heavy drinking, girlfriends have broken up with him.

Whenever others express concern about the extent of his drinking, Joseph responds angrily. Rather than admitting that his troubled lifestyle is a consequence of drinking, he proffers excuses.

When Joseph does work, he often, due to drinking, misses days or arrives late. When challenged, he frequently over-reacts, shouting obscenities. Impulsively, he has walked away from several jobs. During times of stress on the job, he is often irritable, alienating fellow workers.

When describing Joseph, a recent girlfriend of his used the word, "childlike."

Personality Changes

People who are alcoholic often express regret over the way they behave while under the influence. However, it is often the case that, because of blackouts, alcoholics cannot remember what they said or did. Because they often cannot recall events, alcoholics frequently suspect that people are exaggerating when confronting them with how they acted while intoxicated. They may even believe the others are lying. This suspiciousness can become an enduring part of an alcoholic's personality, at least for as long as the drinking continues.

Albeit unsuccessfully, alcoholics often attempt to control their drinking. The need to control often generalizes to other aspects of their lives. Because alcoholics experience anxiety while attempting to control their drinking and its subsequent consequences, they also

concurrently attempt to exercise excessive control over the behavior of others. Spouses, children, and parents often receive subtle messages that they must monitor and restrict how they behave, otherwise the alcoholic will drink or lose control over his or her consumption. As part of the control pattern, alcoholics often blame others for their drinking.

CASE EXAMPLE

Roger is a 29-year-old, self-employed electrician. He and his wife have been married for eight years. Roger has been a heavy drinker since he was 16. During the last couple of years, he has lost control over how much he drinks. He often becomes intoxicated even when he does not intend to, and, on many occasions, he has embarrassed his wife. His work performance has deteriorated because he often works while hung over and at times misses work. Consequently, he is not receiving as many job orders as he used to, and his business is slumping. In response to his wife's concern about his drinking, Roger has started to blame her. He tells her that were it not for the way she acts, he would not drink so much. Because Roger's wife hears this type of message continuously, she is slowly beginning to believe him. As a result, she is behaving in a controlled fashion at home in order not to upset Roger and "cause" him to drink. His wife, in other words, is beginning to feel responsible for his drinking.

Another distinctive feature of alcoholism is the marked and predictable change in personality that occurs in an alcoholic when he or she is under the influence. When alcoholics drink, it is not uncommon for them to behave very differently from the way they ordinarily would when sober. Others often complain that alcoholics become very different people when they drink. These changes in personality are quite predictable. They are characteristic of alcoholism.

CASE EXAMPLE

George is a 25-year-old auto mechanic. He is a quiet and easy-going individual who generally gets along well with others. However, when George drinks, he invariably turns into a different person. He becomes loud and verbally abusive. He is quick to anger, and on several occasions he has provoked fights with others. Some of George's friends don't like to associate with him when he drinks because they anticipate that he will become unruly.

In summary, alcoholism results in profound psychological changes, both in a person's attitudes and behavior patterns. Alcoholics often become defensive regarding their drinking and, as a result, become suspicious of others. They commonly develop a lower tolerance to stress, a problem compounded by the added stress associated with drinking.

Question: If alcoholics experience difficulties related to their drinking, why do they continue to drink? This important psychological issue will be discussed in the following chapter.

6

DENIAL

Denial is a term referring to a mental state in which an individual does not accept those aspects of reality which produce anxiety. In the case of alcoholism, denial prevents people from recognizing that they are alcoholic and accepting the seriousness of the problem. Alcoholics in a state of denial are convinced they can control their drinking, and therefore drink safely. This mental process prevents them from recognizing the link between drinking and its harmful consequences. Therefore, many alcoholics continue to drink despite drinking-related problems. Those who recognize and accept that they are alcoholics also accept that they cannot drink safely and that attempts at controlled (social) drinking will inevitably fail.

Defence mechanisms occur unconsciously and are the mind's way of protecting us by blocking thoughts and feelings which create anxiety. Denial is one of many psychological defence mechanisms. If recognizing one's alcoholism creates anxiety, then avoiding the issue reduces anxiety.

People who have difficulty accepting their alcoholism often respond angrily when challenged about their drinking. They frequently believe they are being unjustly accused. Most people would resent being accused of having problems they do not believe exist.

CASE EXAMPLE

David is a 42-year-old who came to treatment after his wife threatened to separate from him. He stated that his wife is concerned about the extent of his drinking. David, however, does not believe he has a

problem with drinking. He mentioned that he couldn't be an alcoholic because he rarely drinks during the week. His drinking is usually relegated to weekends and, according to him, he does not experience any problems. David states that he is not taking any medication or other drugs.

David and his wife Terri have been married for 20 years, and they have a 16-year-old son. David is a bank manager and Terri a dress designer. Their son attends school, but academically he is not performing well. This, and his wife's threat of marriage separation, are major concerns for David.

When David was asked why his wife believes he has a problem with alcohol, he described a situation with his neighbors. He stated that his wife and the woman next door are close friends. He also related that the woman is concerned about her husband's drinking which, according to David, is very heavy. Apparently, David's neighbors are experiencing marital problems as a result. David talked extensively about how he is convinced that the woman next door "brainwashed my wife into believing that I, of all people, am alcoholic!" David continued to stress that he only drinks once or twice a week and is not experiencing drinking-related problems.

During the early years of his marriage, David and his wife were very close. They shared feelings, supported one another, and engaged in various activities together. Their sexual relationship was also satisfactory. David then described how his marriage has deteriorated, to the point where his wife no longer shares her feelings with him, and appears depressed. She no longer wishes to go out with him and has to be coaxed to do so. He mentioned, however, that she readily goes out with her friends and relatives. David suspects that his wife talks with them about her marriage and her concerns about his drinking, and this angers him. He refers to what his wife is doing as "an invasion of my privacy."

When David speaks of his wife, there are tears in his eyes—he obviously loves her and doesn't want to lose her. He is very angry at the neighbor whom he perceives as having a very negative influence upon his wife.

David talked about his drinking. He described how, when he first began drinking, he and a few of his associates would go to a local bar after work and he would have few drinks "to wind down after a hectic

week." David and his wife would go to a party on Saturday nights, and he would also have a few drinks. When David first began drinking, he quickly discovered that a few drinks rapidly eliminated tension. Drinking also allowed him to socialize more easily. Over the years, David consumed increasingly greater amounts of alcohol, mainly on weekends, to achieve the same effects. This increase in consumption was so gradual and subtle he did not recognize it. Nor did David recognize how he had become dependent upon drinking to help him relax.

David still goes out to a bar with friends on Fridays after work. He also goes to parties or gets together with friends on Saturday evenings. However, on many occasions, and David cannot predict when, he loses control and drinks until he becomes intoxicated. He frequently comes home drunk and does not follow through with plans he has made with his family. When David drinks, he becomes belligerent and shouts at his wife and son. He also embarrasses her in social situations. When drunk, David often attempts to be sexually involved with his wife and becomes angry when she does not respond.

During the course of David's treatment sessions, he and Terri were seen together. It was discovered that whenever Terri tries to share her concerns with David about his drinking, he blames her and says that, were it not for her, he would not drink so much. He also accuses her of exaggerating or even lying about how he behaves while under the influence. David is experiencing alcohol-induced blackouts and does not know if what his wife is saying is true. Terri is becoming depressed and is beginning to wonder if it really is her fault. She is afraid to go out with David because whenever he drinks, he embarrasses her. Terri also withdraws sexually from her husband because she does not want to be involved with him while he is drunk, and this carries over to the rest of the week. She seeks solace and advice from her relatives and friends, especially from her next-door neighbor who is experiencing problems similar to Terri's.

According to Terri, their son is angry at David. Over the last several years, David's drinking has interfered with weekend activities he planned with his son. In Terri's opinion, their son's anger and resentment are reflected by his poor performance at school.

David became angry when he was told that he is an alcoholic and requires treatment. When it was explained to him how his drinking contributes to problems with his family, he accused the therapist of

siding with his wife. David is adamant about being able to control his drinking, and he continues to blame others, including his wife and neighbor, for his family problems.

PSYCHOLOGIST'S COMMENT

David is in denial regarding his alcoholism. He is convinced he can handle alcohol and that his drinking does not cause problems. He does not recognize the link between his drinking and his family problems but blames others instead.

David cannot control his drinking since he frequently, although unintentionally, becomes intoxicated. Problems result which may lead to a breakdown of his marriage. His son's poor performance at school appears directly attributable to David's drinking. There are also some personality changes in David. He is becoming more anxious, angry, and suspicious. Because he experiences blackouts, he does not realize how he behaves while under the influence and suspects that others are lying when they challenge him. Because David is feeling anxious and angry, this makes continued drinking to eliminate these feelings even more enticing. The classical pattern of alcoholism has developed: drinking to eliminate aversive feelings, which results in problems, more aversive feelings, and therefore more drinking. Because David is in denial, he does not recognize this.

There are some people who experience more subtle forms of denial. They may recognize they have a problem with alcohol, they may even refer to themselves as alcoholics, but they still continue to act in ways which perpetuate their illness.

CASE EXAMPLE

Bernice is 58 years old. She is a widow and lives quite comfortably on her husband's pension—he died from a heart attack several years ago. Bernice has two daughters who are married. She has many friends and leads an active social life. Over the last several years, her drinking has become quite heavy, and she is concerned. She states that she is now drinking several times a week and believes that she is an alcoholic.

Bernice frequently loses control over her alcohol consumption and becomes drunk. She telephones her friends at any hour of the day or night, and they are becoming angry. Several times, Bernice has become

drunk and disorderly at restaurants, much to the chagrin of her friends. She claims she is aware her drinking is resulting in problems, is adamant that she is an alcoholic, and states that she cannot stop drinking.

When Bernice was told that she was not accepting her alcoholism and that she still believed she could control her drinking, she responded with surprise. When asked when she last drank, Bernice stated that it was the previous Friday night. Apparently, she had become quite drunk. When asked to describe what happened, she said: "It was Friday evening at 8:00, and I turned on the television. I took a glass and put some ice cubes into it. I then went to my liquor cabinet and took out a bottle of vodka and poured about an ounce into the glass. I then put the bottle away. I took a bottle of orange juice from the fridge and filled the rest of the glass with juice. I then sat down on the sofa and started to watch T.V. and sip my drink."

Bernice then went on to describe how she drank the contents of her glass, poured herself more, and eventually became drunk.

PSYCHOLOGIST'S COMMENT

If anyone had been with Bernice on that Friday evening and had told her that if she consumed her drink she would probably have more and become drunk, Bernice would have become angry, claiming she was just going to have one drink. On that Friday evening, just prior to drinking, Bernice was convinced she was a social drinker. Despite years of evidence which prove otherwise, she believed she could have one drink and not experience any problems. Even though Bernice says she is an alcoholic, she does not believe it. Instead, she believes she can drink in a controlled fashion.

Denial is the process where, reality dictating otherwise, people do not accept that they have a problem with alcohol. It is a major reason why many alcoholics continue drinking despite experiencing problems. They convince themselves that they can control their intake, that they can control the consequences of their drinking and how they behave, and that they will not experience problems.

7

SOCIAL SIGNS OF ALCOHOLISM

Alcohol consumption is readily accepted in western society. In fact, some cultures and groups in our society condone and even encourage heavy drinking. The symptoms of alcoholism are often obscured in groups where heavy drinking is accepted, because these symptoms are not significantly different from the norm. Where heavy drinking is condoned, the consequences are also usually accepted.

People usually become concerned about harmful behavior if the consequences are detectable. However, if large portions of a population are behaving in a harmful fashion, this may not generate concern because such behavior is typical. In the case of alcoholism, this does not imply that the disease does not exist in groups or cultures where heavy drinking is condoned or encouraged. It merely means that the social signs are not as evident or distinguishable from the usual state of affairs.

Because the recognition of alcoholism is often made within the context of social standards of what is normal, the symptoms of alcoholism may be less evident and arouse less concern in groups where people drink heavily compared to those where lighter drinking is encouraged. For groups or cultures in which only light drinking is considered appropriate, the effects of alcoholism are significantly different from those of "normal" drinking, and alcoholism is therefore detectable.

CASE EXAMPLE

Jack is a 23-year-old, unemployed, and living with his parents who support him financially.

He began drinking when he was 15. Because Jack likes drinking, he drank heavily from the very beginning. Most of Jack's friends also drink heavily, and their lifestyles revolve around alcohol consumption. Jack and his friends go to parties frequently and spend several evenings a week in the pub. Jack is not a daily drinker—on some days, following evenings of heavy drinking, he is too hung over to drink. Besides, he does not have the money to drink every day. However, when he does drink, he enjoys getting drunk.

Jack quit school part-way through grade 10 after failing several times. When he began drinking, his marks dropped, and he lost interest in school. Since leaving school, he was fired from two jobs because he missed too many days at work (due to hangovers), and he quit a third job when his employer confronted him about his drinking. Though Jack would rather not live with his parents, he has to because he can't afford to live on his own.

On most days, Jack sleeps until about noon. He spends his evenings either watching television, going to parties, or frequenting pubs. His lifestyle is resulting in stress between him and his parents. They are concerned about the extent of his drinking, and they are also putting considerable pressure upon him to find employment.

Jack was in jail on two occasions. One jail term was for assault, the other for car theft. Both times, he was charged for crimes committed while under the influence of alcohol. When drinking, he loses control over his behavior, becomes rowdy, and frequently gets into fights. Because he experiences alcohol-induced blackouts, he rarely remembers these events.

Jack does not believe he has a problem with alcohol because his behavior is the same as that of his friends. They too drink heavily and experience difficulties with the law. Most of them do not work. Because his lifestyle is considered normal within his peer group, his behavior fits right in and does not arouse concern.

PSYCHOLOGIST'S COMMENT

Jack's drinking behavior is consistent with the norm for his peer group. Though Jack and his friends do not enjoy getting into trouble with the law or losing jobs, these consequences are accepted as part of normal living. The positives associated with drinking—the feeling of being high, the camaraderie of the peer

group, and the partying—currently outweigh the harmful consequences. Because they are no different than for others in his peer group, Jack is not really concerned about the harmful social consequences of his drinking.

What follows deals with the social manifestations of alcoholism. If alcohol consumption is related with even some of the patterns presented in this book, professional consultation should be sought. Many people fool themselves into believing that these social signs are normal. This is easy to do if others in one's culture or peer group also experience them.

Changes in Drinking Pattern

As alcoholism progresses, alcoholics usually change their drinking patterns to accommodate this process. These changes may be so gradual they may not be noticeable.

As stated earlier, but it bears repeating, increasing the level of consumption is one such change. People usually increase their alcohol intake in response to an increase in tolerance—the need to consume progressively more alcohol to achieve the same effect. Sneaking drinks, ordering doubles rather than singles, and drinking before attending social events are signs of increased tolerance. So, too, might be a switch from drinking beer or wine to drinking hard liquor. It is not uncommon for alcoholics to draw away from friends who do not drink heavily. They also shy away from activities where alcohol is not available. Alcoholics may even organize parties and socials where they can drink.

Drinking is an implicit part of the alcoholic lifestyle, regardless of whether the person is a daily drinker or a periodic binge drinker. The minutiae of day-to-day living are often arranged to accommodate drinking. To illustrate, one woman admitted that during the early stages of her alcoholism, drinking interfered with her marriage and her job. As the disease progressed, however, she noted that her job and her marriage interfered with her drinking.

CASE EXAMPLE

Vivian is 42, has been married for 21 years, and is employed as a stenographer. She has been sober for approximately two years through regular attendance at Alcoholics Anonymous and is now satisfied with

her lifestyle, her marriage, and her job. Prior to achieving sobriety, Vivian was a daily drinker. She drank approximately 10 to 15 ounces of whisky every evening, and more on weekends. During the last stages of her drinking, she drank in the mornings as well.

During the early stages of her alcoholism, Vivian drank openly in front of her husband until he started expressing concern. This resulted in many arguments because Vivian believed that he was exaggerating and that many of his concerns were invalid. Their marriage began to deteriorate.

Her work performance also deteriorated. Because she drank every evening, she frequently slept through the alarm and came to work late. Often, she was too hung over to come into work. When Vivian's employer confronted her regarding her work performance, she became resentful and believed he was picking on her.

Despite Vivian's anger and resentment toward her husband and employer, she was concerned. She did not want to destroy her marriage, so she no longer drank openly in front of her husband. Instead, she would store a bottle of whisky in the trunk of her car. On the way home from work, she would stop and drink. She later switched to vodka in an attempt to reduce the odor of alcohol on her breath. She would also sneak drinks at home when her husband was not watching. In response to his monitoring the amount of liquor in their liquor cabinet, Vivian would hide bottles around the house and drink from them.

She avoided social events where alcohol was not available because she felt uncomfortable in its absence. She would drink before events where alcohol was available to ensure she had enough within her system so that she would not have to drink too heavily in front of others. To avoid frequent refills, she drank doubles rather than singles.

To avoid arriving at work late, Vivian increased the volume on her alarm radio. However, when she woke up, she would feel shaky and nauseous. Quickly, she discovered that a few drinks would rapidly eliminate these uncomfortable feelings, allowing her to arrive at work on time.

PSYCHOLOGIST'S COMMENT

Alcohol consumption had a major controlling influence on Vivian's lifestyle. She, like other alcoholics, did not drink because

she wanted to; she drank because she believed that she *had* to. She felt compelled to drink to eliminate the shakes that inevitably occurred when she woke up in the morning. She felt compelled to drink because it blunted the anger, resentment, depression, and guilt she felt in response to her marital and job problems. Like many alcoholics, she drank in social situations to reduce feelings of insecurity and vulnerability. Most importantly, she drank to blunt the feelings of anger she had toward herself.

Employment Problems

Alcoholism can, and usually does, result in decreased productivity and work performance. Absenteeism, which contributes to lower productivity, is high among alcoholics, who are also susceptible to accidents on the job. Absenteeism is affected directly by sleeping in, continuing to drink instead of going to work, and feeling too sick to go to work.

Job efficiency is also affected negatively because of hangovers and because some alcoholics drink while on the job. Heavy drinking results in poor judgment, a decrease in motivation, lower tolerance for stress, and poor reaction time.

Alcoholics frequently switch jobs in an attempt to reduce drinking-related stress. Believing that stress is caused by the job and not by drinking, they attempt to lessen stresses by changing jobs. Rarely effective, this is known as a "geographic cure." Because the stress is alcohol-related, continued drinking carries the problem over to the new job situation. Because of denial, alcoholics do not realize this.

Anti-Social Behavior

Some people who are alcoholic commit crimes as a direct consequence of their drinking. A common symptom of alcoholism is the personality change that occurs in alcoholics under the influence. When alcoholics drink, they frequently behave very differently than they would when sober. Criminal activities such as spouse abuse, child abuse and incest, assaults, break-and-entry, robbery and, in some cases, murder are not uncommon, though most alcoholics would not consider doing such things when sober. Frequently, the resulting feelings of guilt are overwhelming; the incidence of suicide is high.

When alcoholics drink, they frequently lose control of their behavior. They often experience blackouts and forget what they've done. While the majority of alcoholics do not commit criminal acts, the potential is high because of the loss of control.

8

ALCOHOLISM IN THE FAMILY

Not surprisingly, alcoholism has a negative effect upon the family. This is indicated by the frequency of marriage breakdown, which is higher among alcoholics than in the general population. This chapter will deal with how families are adversely affected by alcoholism.

Family Communication

Communication patterns may be viewed from two perspectives: clarity and directness. Communication may be either clear or unclear, direct or indirect.

Clear communication is characterized by messages which are understandable and unambiguous. An example of clear communication would be if I were to ask, "Would you like to go for a walk with me?" The message is unambiguous and unequivocal. On the other hand, I could say, "You wouldn't want to go for a walk with me, would you?" This would be an example of unclear communication. This statement may be interpreted in several different ways; it is ambiguous and therefore unclear.

There are high levels of stress in alcoholic families (families where one or more people are actively alcoholic); people are defensive, they often over-react, and they relate in an unclear manner, allowing them to avoid arguments. Because family members are often afraid of an alcoholic's reactions, including his or her drinking, they hide behind ambiguities. For example, the children of an alcoholic may wish their father to take them somewhere. Because they are

unsure of how he will react, they do not ask him clearly; instead they hint around and slowly lead up to the question. Should he over-react, respond angrily, or show no interest, they feel protected because they have not clearly shared their wishes with him. Unfortunately, in spite of its protective value, unclear communication is not effective and contributes to the stress levels for the family. Unclear communication is very common in alcoholic families.

CASE EXAMPLE

Jonathon and Mary are a middle-aged couple with three children. Jonathon has been drinking heavily for years. His pattern is one of remaining abstinent for weeks and sometimes even months at a time. He will then drink for several days in a row. During his benders, Jonathon will be absent from work, and Mary will call in, saying her husband is sick.

When Jonathon is drunk, he is very loud and abusive. On a number of occasions, he has struck his wife. Between drinking bouts, Mary and the children are fearful of being candid with Jonathon, thinking they may say something which will precipitate another drinking bout. Mary rarely tells him in clear terms how she feels or what her desires are. Instead, she tries to determine how Jonathon is feeling and to respond accordingly. She is very tentative when she interacts with her husband. She will never commit herself during a conversation with Jonathon and is purposefully vague, lest he over-react and begin drinking.

Jonathon's children enjoy being with him when he is not drinking. At most times, he is a loving and thoughtful father. But, their dilemma is never being certain when he is in a good or bad mood. Consequently, they are vague and passive when they relate to their father.

Jonathon senses the hesitancy of his wife and children, and this hurts and angers him. He also feels alienated from his family. The intensity of these feelings builds over time, and Jonathon drinks for relief. Intending to have only a few drinks, he often loses control over how much he drinks and goes on benders lasting several days.

PSYCHOLOGIST'S COMMENT

Mary and the children relate in an unclear fashion with Jonathon because they are afraid of his reactions. They never tell

him clearly how they feel and, as a result, Jonathon feels alienated, hurt, and angry. He drinks to blunt these feelings. Even though the family's unclear communication pattern has a protective function, it also contributes to the family's problems.

Besides relating to the alcoholic in an unclear manner, members of an alcoholic's family often communicate indirectly with one another. Indirect communication occurs when a message from one person to another is relayed via an intermediary. Alcoholics and their spouses frequently have difficulties relating with one another and therefore relay messages via their children.

In reference to the above example, Mary often asks her children to tell their father things she is afraid to tell him herself. Jonathon is also afraid to speak directly with Mary because he feels alienated from his wife and wonders if she really loves him. When emotionally laden issues arise, Jonathon and Mary relay messages through the children. This results in two problems; first, messages relayed by a third person usually become distorted, and second, children are often not mature enough to handle the stress of relaying these emotionally laden messages.

CASE EXAMPLE

Mary is hesitant about going to parties with Jonathon because he often gets drunk and embarrasses her. She is in a dilemma, because when friends invite them to a party, Jonathon expresses a desire to go. Mary does not want to go with her husband, but she is afraid to tell him. She is fearful of offending him and having him drink. Instead, Mary complains to her children that she has a headache and asks them to tell their father she cannot go to the party. When Jonathon's children tell him that Mary is not feeling well, he responds angrily. He is hurt because his wife will not talk directly with him, and he senses that she does not want to go with him. He responds by storming out of the house and going to a bar. Because the children are caught up in the middle, they suspect the blow-up is their fault. Their father having left in a rage, they are at home with a mother crying in her room.

Ineffective methods of communication not only prevent families from dealing with problems, but also add to these problems by increasing stress levels for the family.

Family Expression of Feelings

Along with ineffective methods of communicating, members of an alcoholic's family experience difficulties in sharing feelings with one another. They commonly suppress their feelings (bottle them up) or express them in other situations. Family members have difficulty trusting one another because they are fearful of being assaulted emotionally if they openly share their feelings. Consequently, feelings build up, and people become emotional "time bombs" ready to explode. Outbursts occur; for this reason, families of alcoholics commonly live from crisis to crisis.

Some people express their feelings in situations they consider to be safer. Unfortunately, this may be counter-productive.

CASE EXAMPLE

Sherri is 13 years old. She and her younger sister live at home with their parents, both of whom are alcoholic. Sherri's mother is a real-estate agent and her father is a commercial artist. Sherri often witnesses her parents drinking and arguing. As a result, Sherri is very concerned that her parents will separate. She is afraid to share her feelings with her parents because she knows they will respond angrily. Instead, Sherri vents her frustration at school by acting bossy with her friends and by being disruptive in class. Her grades are also falling.

Family Coalitions

A coalition is a group of people who feel they belong together because they share a common identity or because they have the same needs or goals. In one way or another, people in a coalition identify with one another.

Families of alcoholics are characterized by unhealthy coalitions. In healthy families, coalitions consist of parental groupings and groupings of children. The implicit function of the parental coalition is to conceive, protect, rear, and socialize its children. In families of alcoholics, the parent coalition is weak, and sometimes it breaks down entirely.

Because of the drinking, alcoholics are emotionally isolated from their families. Drinking interferes with the alcoholic's involvement in family activities, family members do not readily share their feelings, and the alcoholic is often excluded from problem-solving discussions. Consequently, the parental bond between alcoholic and

spouse weakens. The non-alcoholic spouse identifies with the children, and an unhealthy coalition, consisting of a strong bond between one parent and the children, develops. This results in further emotional isolation for the alcoholic.

Non-alcoholic spouses commonly relate to their children in a manner that should ordinarily occur between husband and wife. The implicit expectation is that the children relate to their non-alcoholic parent in a fashion which usually requires greater maturity than they are capable of maintaining. Because non-alcoholic spouses frequently interact with their children in ways which satisfy the needs of the spouses, and because children, especially younger ones, are not capable of meeting these emotional demands, the children feel guilty and anxious.

CASE EXAMPLE

Larry is 41 years old. He is married, and he and his wife Marjorie have three children, two sons aged 14 and seven and a daughter aged 12. Marjorie is an alcoholic, and her drinking contributes to problems in her marriage. Larry and Marjorie rarely speak to each other, and they no longer share the same bedroom.

Marjorie is a daily drinker and is almost always intoxicated, but rarely appears so.

Larry feels very alone. He often reminisces about how he and Marjorie used to be close. However, they gradually pulled apart because of arguments over Marjorie's drinking. For the last several years, Larry has given up trying to get his wife to stop drinking. He is merely existing with her. Larry will never leave Marjorie because he knows that if he does she will deteriorate and end up on skid row.

Larry is a quiet individual. His life revolves around the children and his job as a welder. When Larry is upset, he talks with his children, especially to his daughter Lucy, who is the most understanding. This puts pressure on Lucy. She is concerned about her father and is protective of him. Rather than getting together with friends, she often chooses to spend time with her father, especially when he is depressed. Last week, Lucy went roller skating with a couple of her girlfriends. However, she felt so guilty about leaving her father alone, she came home early.

PSYCHOLOGIST'S COMMENT

In this example, a coalition has developed between Larry and his children, especially Lucy. Emotionally, she is taking the place of Larry's wife, Marjorie.

Roles Within a Family

Every individual in a family has implicit roles. The nature of these roles varies as a function of maturation changes in family members and as the composition of the family changes. For example, the role of a baby is to be cared for. As the baby matures, his or her role changes. Family members assume some roles as a function of discussion, and others are implicitly assumed. In healthy families, roles tend to be fairly well-defined, even if some members have overlapping ones, and role changes usually occur as a result of discussion. For example, a child's parents may decide that she is old enough to assume some of the duties of yard care. Family discussion results in establishing the boundaries of this new role for the child. For this process to be effective, family members must feel comfortable about communicating clearly and directly and sharing feelings openly.

Because families of alcoholics are characterized by ineffective methods of communicating and by inappropriate expression of feelings, many roles are only vaguely defined. Individuals are also unsure of which roles to assume. Also, because alcoholics relinquish many of their responsibilities around the household, a role vacuum is created and other family members are compelled to assume these responsibilities.

CASE EXAMPLE

Peter drinks every day after work. Frequently, because he gets drunk and falls asleep, his wife and their two children are left to do the jobs around the house that Peter is forever promising to do. Peter also relinquishes his responsibilities as a father, leaving his wife to virtually raise the children. Consequently, she is both mother and father. The children are unsure of how to respond to Peter. As a result, they usually turn to their mother for their needs.

The emotional isolation that alcoholics frequently feel as a result of relinquishing their roles makes drinking more appealing.

Enabling

Enabling occurs when alcoholics drink with impunity because others protect them from the harmful consequences of their drinking. For example, an alcoholic is drinking and doesn't go into work. His wife calls his employer, saying that her husband has the flu. The alcoholic is therefore effectively shielded by his wife from the harmful effects of his drinking—he will not have to answer to his boss as to why he missed work. Because his spouse cares for him, she protects him. Without realizing it, she enables him to drink with impunity.

Besides protecting individuals who are alcoholic, enabling has a protective function for family members. Continuing with the example: if the alcoholic's wife were to tell the employer the truth, her husband could lose his job, and this would result in a hardship for her family.

Enabling occurs in a variety of ways. People often cover up and make excuses for an alcoholic's drinking. They will do jobs for the person and assume that person's responsibilities. This allows the alcoholic to avoid facing the negative consequences of drinking. Some people cannot accept that their spouse, family members, or friends are alcoholic and therefore subtly strengthen the alcoholic's denial by agreeing with it. They may even join the alcoholic in drinking. Others accept the blame for an alcoholic's drinking and believe that, were it not for them, that person would not drink so much. Alcoholics readily blame others, and others, by accepting this blame, allow the alcoholics to avoid responsibility for their drinking. Some people try not to "rock the boat," to keep the peace regardless of the cost. They avoid confronting the alcoholic about the effects of the drinking, hoping things will eventually get better. People commonly attempt to control an alcoholic's drinking by controlling his or her environment. In an attempt to shield the person from the temptations of drinking, they decide where he or she will go and with whom.

Enabling strengthens an alcoholic's denial—the belief that there is no problem with alcohol. Denial only dissipates when alcoholics recognize the negative consequences of their drinking and relate these consequences to their drinking. If an alcoholic is shielded from these harmful effects, or if they are diminished, he or she will continue to drink.

Role Modelling

In Chapter 1, it was stated that role modelling influences drinking behavior. In families of alcoholics, faulty role modelling frequently occurs. Children are exposed to drinking as a viable method of responding to problems. Given that ineffective and inappropriate ways of communicating and expressing emotions are also role modelled, children of alcoholics may mature into adults poorly equipped to handle stress. These children are more susceptible to becoming alcoholic than those from non-alcoholic families.

Appealing Effects of Alcohol

To summarize, families of alcoholics are characterized by states of emotional stress. Family members are typically unhappy, and they are usually fearful of sharing their feelings with one another. Ineffective ways of communicating hamper them from dealing with and solving family problems. Because of the drinking, the alcoholic becomes emotionally isolated from the rest of the family. As a result of the guilt and resentment that occurs with emotional isolation, the alcoholic finds drinking even more appealing. In other words, the effect of alcohol consumption is strengthened because, when alcoholics drink, they quickly experience relief from these aversive feelings. Drinking produces more family problems, and the drinking cycle which is referred to in Chapter 5 is strengthened.

9

PROBABLE CAUSES AND WAYS OF DEVELOPING ALCOHOLISM

The main reasons people drink are given in Chapter 1 and are quickly summarized here. Besides the fact that some alcoholic drinks have a pleasant taste, many people also drink for the immediate effects that alcohol produces, because of peer pressure, and because of modelling and cultural influences. Although most people who consume alcohol do so in a controlled and socially acceptable fashion, others, for some reason, become alcoholic.

Unfortunately, alcoholism is a complex disease and, in spite of much research, its causes remain unknown. No single theory adequately explains why some people become alcoholic, suggesting that more than one condition may be influential. So far, there are indications that the root of alcoholism may lie in a complex interplay of biological, psychological, and social factors.

Biological Factors

The basis of the biological theory is the assumption that a biological abnormality results in the development of alcoholism. Although several factors are thought to be influential in the development of alcoholism, including how the brain responds to alcohol and how the body metabolizes or handles alcohol, one of the more promising theories looks at genetic influences. In other words, is alcoholism an inherited disorder; is susceptibility transmitted from parent to child?

There are indications that, for some alcoholics, inherited susceptibility may be influential. One quarter to one half of all people who

are alcoholic have either a parent or close relative who is also alcoholic. Other evidence suggests that children of alcoholics are twice as likely as others to become alcoholics as adults. The incidence of alcoholism among parents of alcoholics is also higher than that of parents of non-alcoholics. Furthermore, children of alcoholics have characteristics similar to their parents. These children typically have problems in school, and some have problems with the law.

There is controversy about whether these similarities are transmitted genetically (inherited) or whether they are a result of environmental influences. In other words, do children inherit alcoholism, or do they become addicted to alcohol by drinking heavily through imitating their parents? Also, because children of alcoholics are rarely taught effective ways of handling problems, they often mature into adults who are more susceptible to the effects of drinking. In order to resolve this controversy, research has to separate and study the influence of the environment from a possible inherited influence.

One way of separating environmental from inherited influences is by studying twins. Identical twins (monozygotic) have identical genetic makeups. Fraternal (dizygotic) twins are no more genetically alike than ordinary siblings. When comparisons are made between sets of identical and fraternal twins from families where there is alcoholism, a higher incidence of alcoholism is found in sets of identical twins than in fraternal twins. This suggests that susceptibility to alcoholism is inherited. However, some might argue that identical twins are treated more similarly than non-identical twins and that this might account for the higher incidence.

Other studies look at adults born to alcoholic parents but who, as infants, were adopted into families with no alcoholism. In spite of its absence in their childhood environments, alcoholism is high among these adults. This suggests that genes, rather than one's upbringing, influence the development of alcoholism.

In spite of this evidence, however, there are many alcoholics whose parents and other family members are social or non-drinkers. This suggests that biological factors alone are insufficient in explaining how alcoholism develops. What the evidence does suggest is that some people may inherit a susceptibility to be more influenced by the immediate effects of drinking, or these effects may be stronger

on them. They drink greater amounts of alcohol and do so more often to get these effects. And alcoholism develops.

Psychological Factors

One psychological theory advocates that mental factors form the basis for the development of alcoholism. People who are unable to relate with others at emotionally mature levels, who are unable to cope with frustrating situations, who have a poor self-image, or who feel emotionally isolated are considered more prone to becoming alcoholic. Although these personality characteristics are often evident in alcoholics, it is difficult to determine if they are the cause or the result of alcoholism. In other words, do some people drink and become alcoholic because of a poor self-image, etc., or do they develop a poor self-image and other emotional problems as a result of their drinking?

Other psychological theories take into account the immediate effects of drinking described in Chapter 1. Some people begin drinking in a social fashion because they enjoy the pleasurable effects. They increase their drinking to achieve more of the same effects. For some, as a consequence of drinking too much or in the wrong situation, trouble occurs. They drink more to blunt uncomfortable feelings resulting from the trouble. Continued heavy drinking in this fashion eventually results in their becoming addicted. Other influences like role modelling and peer pressure can also teach an individual to drink in a heavy fashion, making that person susceptible to becoming addicted.

While psychological theories talk about how people can become alcoholic, they do not adequately explain why some people do so, while others, in similar psychological states, do not.

Social Factors

The social theory suggests that cultural influences play a major role in the development of alcoholism. These include levels of drinking within a culture, attitudes toward drinking, affordability of alcoholic beverages, and social controls such as hours of availability and numbers of liquor and beer outlets.

The level of alcohol consumption in a culture appears to influence the incidence of alcoholism—the higher the general level of consumption, the greater the number of problem drinkers and alco-

holics. We also know that if heavy drinking is accepted within a culture and if people are encouraged to drink, then the incidence of alcoholism will be high.

Social controls, supply, and the cost of alcohol all influence the levels of consumption, and therefore of alcoholism. The rate of alcoholism appears to be higher in societies which exert few social controls over drinking. For example, during the early days of prohibition in Canada, the social consequences of alcoholism decreased correspondingly with the decrease in the general level of consumption. When prohibition laws were repealed, alcohol consumption increased, and so did the incidence of alcoholism. How much people drink is also influenced by the availability of alcohol and the price. If alcoholic beverages are readily available at a reasonable price, consumption levels will be high.

If the general social situation is conducive to drinking, if alcohol is available and affordable, general consumption levels tend to be higher. This means that a greater number of people, who may be either physically and/or psychologically susceptible to alcohol, who are potentially able to drink and may even be encouraged to do so through peer pressure and role modelling, will drink—and alcoholism rates will be high.

Ways of Becoming an Alcoholic

There appears to be more than one way of becoming alcoholic. There are some people who display signs of alcoholism early on in their drinking. They experience loss of control over how much they drink, personality changes while under the influence, blackouts, and social problems. The most probable explanation for this is genetic or inherited susceptibility. Others begin drinking in response to long-term underlying physical and/or emotional problems. Alcohol is frequently consumed as a method of blunting unpleasant feelings, such as chronic pain, anxiety, or depression. Over time, an addiction to alcohol occurs. There are still others who begin drinking in response to stresses such as the death of someone who is close, a job loss, or marital problems. People often drink to forget their problems; a pattern which can result in addiction. A fourth category consists of those who begin as social drinkers. They seem to like the taste or the pleasurable effects of alcohol and to enjoy the fun of drinking situations; they drink more and more, and slowly develop alcoholism.

Who Is an Alcoholic?

Despite a common misunderstanding, the vast majority of people who are alcoholic do not live on "skid row." Alcoholism occurs in all social classes, in both sexes, in adults, in teenagers, and sometimes even in children. People in all types of jobs and lifestyles are alcoholics.

Conclusion

Alcoholism is a multi-faceted and complex disease which cannot be adequately explained or understood by any one theory. As research continues, it is becoming more evident that biological, psychological, and social factors all contribute to the development of the disease. Evidence indicates that some people may inherit a predisposition toward alcoholism—they are genetically more susceptible. Others appear to be psychologically susceptible to the effects of alcohol. But this does not tell the whole story. Cultural and ethnic values are seen to influence styles and levels of consumption and, therefore, the incidence of alcoholism. Family functioning, peer pressure, social and legal controls, and the availability and cost of alcoholic beverages are also highly influential.

Regardless of the causes, the ways of developing alcoholism, or an individual's frequency or style of drinking, the end result is typically the same. Psychological, social, and eventually physical problems will occur. Unless the person decides to stop drinking and start a recovery, the disease will progress and problems will continue.

Comments on Morality

There are some people who believe that alcoholism is a problem of immorality and that alcoholics are immoral people. As evidence, they point out that some alcoholics frequently break the law, have family or job problems, and are sexually promiscuous, irresponsible, and abusive toward others. Alcoholism is even considered a sin by some, and alcoholics as sinful people. What is not recognized is that the majority of people who are alcoholic do not wish or intend to experience difficulties or cause problems for others. They drink for the effects, but quite unintentionally lose control, act inappropriately, or get into trouble. This does not imply that alcoholics are immoral or sinful people. It does mean that inappropriate behavior while under

the influence is a symptom or result of alcoholism, and that once the disease is arrested and a person begins to recover, the inappropriate behavior usually stops.

10

PROGRESSION OF ALCOHOLISM

Like many other diseases, alcoholism is progressive. It evolves through several stages of increasing severity and, if it is not checked, can result in premature death. One cause of premature death among alcoholics is suicide. Another common cause of premature death comes from the physical complications associated with long-term heavy drinking. Other causes include domestic, occupational, and traffic accidents, and, for some, death associated with violent and criminal activities.

It takes an average of five to 10 years for family members and friends to recognize that an alcoholic has a drinking problem. It takes another few years before anything is done about it. Even then, some people attempt treatment several times before they recover. Therefore, for many people, the disease has significantly progressed through several stages before it is arrested.

This chapter deals with the stages of alcoholism. For clarity, the progression of the disease has been divided into three stages: early, middle, and late. Individuals do differ in the way they react to alcoholism, but this chapter focuses upon problems and symptoms that *most* alcoholics experience in each of the three stages.

Early Stage

In its early stage, alcoholism is difficult to detect. For people who are not trained to recognize them, the early signs are not usually evident. However, it is during this stage that blackouts commonly start occurring. But, the reader should realize that not all alcoholics

experience blackouts. An increase in tolerance, where an individual must drink increasingly greater amounts to achieve the same effects, also occurs. The early-stage alcoholic becomes increasingly preoccupied with drinking, starts sneaking drinks, and attempts to avoid non-drinking situations. Changes in drinking patterns also occur. During this stage, people start losing control over their intake and frequently drink to excess.

Defensiveness occurs; if people or events interfere with drinking plans, the individual becomes easily frustrated. Consumption is kept a secret, and the person is often suspicious of others. It is also during this stage that denial occurs; people make up excuses for their drinking—excuses they believe and expect others to believe. Because family members and friends often have difficulty accepting that someone close to them is alcoholic, they unintentionally strengthen this denial. However, drinking-related problems do occur. To prove to others that there are no problems, the alcoholic usually attempts controlled drinking. When this pattern of drinking breaks down, as it invariably does, and consumption increases, the alcoholic becomes moody and more defensive.

Though usually still in control of when and where drinking occurs, the early-stage alcoholic often loses control over how much is consumed.

Middle Stage

Continuing to drink, a person enters into the middle stage of alcoholism. During this stage, many alcoholics become so dependent upon alcohol that they need to drink to prevent the occurrence of the withdrawal which comes when the drug effect wears off. In order to avoid withdrawal-related feelings such as anxiety, tension, and “the shakes,” many alcoholics fall into a pattern of continuous daily drinking, which often includes morning drinking. For others, frequent benders (continuous drinking for an extended period of time) of longer duration occur. Drinking episodes may last for several days or even weeks. Blackouts are longer and come more often. For many, sexual problems also become evident.

It is usually during this stage that hospitalization occurs, because, for many, withdrawal reactions become very severe. For others, physical problems related to alcohol require hospital treatment.

During this middle stage, the disease has progressed to the extent that alcoholics become very vulnerable to stress. Because problems, including marriage separation, friendship losses, and job and legal difficulties, frequently occur, alcoholics experience feelings of suspiciousness, resentment, irritability, depression, guilt, and remorse. Drinking to blunt these feelings becomes even more enticing.

Social problems also become evident. Drinking-related disruptions in performance and work attendance are commonplace. Many alcoholics either lose or quit their jobs, actions which frequently result in financial problems. Mortgage and car payments may be missed. In an attempt to find solutions, some people seek “geographic cures,” such as moving to another city, job, or marriage.

It is during this stage that accidents at home, on the job, or on the road usually occur. Having lost control over the extent of consumption, the alcoholic at this stage also shows signs of losing control over when and where he or she drinks.

Late Stage

During the late or chronic stage of alcoholism, physical symptoms are very apparent. For some people, withdrawal reactions have increased in severity to include convulsions and frightening hallucinations. Because of chronic heavy drinking, symptoms of malnutrition are common, as well as ailments of the liver, pancreas, stomach, and other organs. Accidents are common and frequently result in cuts, bruises, burns, and bone fractures. Because alcohol is an effective analgesic (painkiller), many late-stage alcoholics do not realize how sick they are. Some alcoholics even develop symptoms of brain deterioration. They can experience short-term or permanent deficits in memory, concentration, and judgment. It is also during this stage that tolerance drops. Small amounts of alcohol result in intoxication and, after benders, it takes longer to recover. At this point, alcoholics have usually lost control over how much they drink, as well as when and where.

Feelings of extreme hopelessness are common for people in this stage. Though some are still in a state of denial, many late-stage alcoholics are not—they have come to recognize they are addicted to alcohol. Because they are experiencing so many problems, they believe that recovery is impossible. They see no way out other than to

continue to drink. Others are afraid of stopping because of frightening withdrawal symptoms. People in this stage also experience loneliness—they do not believe that anyone really understands or cares for them. Because of losses of family, friends, or jobs, feelings of isolation are prevalent. Thoughts of suicide frequently occur, and suicide attempts are made by some.

Most late-stage alcoholics have lost their families, friends, and employment. Many end up on some type of social assistance or exist on temporary types of employment. Legal problems, including charges for public intoxication, assault, and theft, become prevalent. For many, repeated admissions to detoxication (withdrawal) units at hospitals become a way of life.

CASE EXAMPLE

Robert began drinking as a 15-year-old. This was because most of his friends also drank. Because he enjoyed the "high" that it produced, drinking on weekends became a regular part of Robert's lifestyle, and he was frequently drunk. Despite managing to stay out of trouble, Robert started having blackouts during the last year of high school. However, he considered them a joke and so did his friends.

After graduating from high school, Robert attended university and then law school. While at university, he met and dated Cynthia, his wife-to-be. Throughout his university and law-school years, Robert restricted his drinking to Friday and Saturday evenings. On these occasions, he was frequently drunk, but so were many of his classmates—it was their way of "blowing off steam." However, there were subtle differences between Robert's drinking and that of his friends. Although each of his friends occasionally got drunk, Robert was the one who was regularly drunk, the one who could not recall what happened, and invariably the one who needed help to get home. His buddies occasionally experienced some of these problems, but never as consistently as Robert did. Robert also discovered that he had to drink increasingly greater amounts in order to get drunk, and he rapidly developed a reputation for being able to hold large quantities of liquor.

Despite his weekend drinking escapades, Robert studied hard, graduated from law school, passed his bar examinations, and was offered and accepted a junior position with a prestigious law firm. By then, he and Cynthia had married. She was employed as a hospital social worker.

Robert soon realized that drinking was a way of life for his new colleagues. There were many social functions to attend and corporate clients to wine and dine. Unlike his colleagues, however, Robert's style of drinking was not social. His lifestyle included having cocktails at lunch, a couple of drinks at home after work, and a few more before retiring to bed. On weekends, he drank considerably more and continued having blackouts. Yet, by then, he was used to them and considered them a normal part of drinking.

By the time Robert was 40, he was a partner in the firm, had two teenage children, a large house, and two cars. He believed he was on his way to the top.

It was during this time that Cynthia became concerned about Robert's drinking. She noticed that he was a different person when he drank; he became rude and belligerent, and whenever she confronted him, he could not recall being so. Also, he was less interested in his children and increasingly preoccupied with drinking. Whenever Cynthia expressed her concerns about this, he responded angrily and, after a while, he began to blame her for his drinking. He accused her of exaggerating, of making up stories. But he also promised that he would cut back and drink less.

Robert's attempt at controlling his drinking lasted for approximately two months. It ended one day when he stopped at a bar on his way home from work. Despite his intention to just have one drink, he drank considerably more, became very drunk, and that evening he and Cynthia had a major argument which resulted in her and the children leaving to stay with her parents.

Over the next several months, Robert drank heavily every day. His work performance deteriorated, he missed appointments, and he was rude to his partners and clients. His lunch breaks were extended, and he often had the odor of alcohol on his breath. His partners found themselves covering for him, taking over his difficult cases, and making up excuses for his behavior. After several months, they confronted Robert, and he promised he would stop drinking.

Robert remained abstinent for five months. During this time, he and his wife had a reconciliation, and his work performance improved. However, he could never shake the feeling that something was missing in his life. In response, he started drinking again—just a few drinks here and there.

About a month later, Robert had his first bender and disappeared for three days on a drinking spree. As a result, Cynthia filed for divorce, and his partners initiated action to buy him out. Robert took his money, left his home, and moved to a nice downtown apartment.

It took Robert 18 months to drink away his savings. Along the way, he made a number of drinking buddies who helped him. During this time, he was forced to move twice to progressively cheaper living quarters and eventually ended up living in a rooming house. On two occasions, he woke up at a detoxication unit; on three occasions, he got into bar fights and was beaten up. Because he didn't shave and wash very often, he looked unkempt and older than his age. He was also regularly coughing up blood, and there was now a noticeable change in how alcohol affected him—he became intoxicated after just two drinks. Blackouts always occurred, and at night, before drifting into a fitful sleep, he would sometimes hear what he thought were his children's voices admonishing him. Robert was lonely, depressed, and the thought of suicide became appealing.

PSYCHOLOGIST'S COMMENT

Despite individual differences in how diseases affect people, and although all alcoholics do not exactly follow the same pattern, Robert's experience of progressive deterioration is typical. Even though Robert manifested early warning signs, it took several years before his wife and others began to suspect that he was alcoholic. Because Robert was in a state of denial, he did not do anything regarding his drinking and eventually experienced rejection by those close to him.

First, Robert manifested a drinking pattern of losing control over how much he drank. As the disease progressed, he began to lose control over when and where he drank. As his social network deteriorated and his alcoholism progressed, he became more angry, defensive, and suspicious of others. As a consequence of long-term drinking, he eventually ended up alone, physically ill, depressed, and suicidal.

Alcoholics do not have to experience the full progression of their illness—they can arrest the progression and recover. Many alcoholics do indeed become sober and lead productive and fulfilling lives. The next chapter deals with the recovery process.

BEGINNING RECOVERY

Alcoholism is a permanent disease. Once it develops, the alcoholic remains an alcoholic for the rest of his or her life. The only choices are to stop drinking entirely, or to continue drinking and risk progressive deterioration. Unlike problem drinkers, alcoholics cannot moderate their drinking to become social drinkers. Regardless, many alcoholics do attempt to moderate their consumption; typically, this is short-lived, and heavy drinking soon resumes.

Recovery from alcoholism involves considerably more than mere abstinence from alcohol. It also involves initiating and maintaining major lifestyle and attitudinal changes. Unfortunately, many alcoholics stop drinking only to start again because they do not commit themselves to the changes necessary to maintain sobriety. It is also important that people affected by an alcoholic's drinking, such as family and friends, also make changes to support the recovery process.

Why Someone Enters Treatment

Alcoholics usually stop drinking and begin recovering when the harmful consequences of their drinking begin to outweigh the benefits. For many individuals, however, the positive effects of drinking, including the "high," tension reduction, and peer camaraderie, are so powerful, they continue to drink despite the harmful, long-term effects. Other people minimize the harmful consequences of drinking by attributing them to causes other than drinking. For example, a person may lose her job because of drinking, yet claim that the reason was a "personality conflict" with her ex-employer. People in

denial, and those who enjoy drinking despite the harmful consequences, rarely enter into treatment voluntarily. They usually have to be coerced.

An important contributing factor to someone voluntarily entering treatment is a real motivation to recover. Support from family, friends, and one's employer usually facilitates this process. There are others who experience a drinking-related incident, such as a traffic accident, which frightens them into seeking treatment. For people voluntarily entering treatment, the common factor is a recognition that the harmful side of drinking outweighs the positive side.

Many people, however, enter treatment against their will. They demonstrate either no motivation to recover or pseudo-motivation; they only enter treatment to please family members, friends, or employers, or because they are legally required to attend.

Intervention

Many people believe that an alcoholic must "hit bottom" before he or she stops drinking. By this, people mean that the negative effects and losses associated with drinking must become so overwhelming that the alcoholic feels compelled to stop. This attitude is analogous to that of a person with heart disease responding only after a heart attack. Common sense dictates that it is better to respond to the early signs of any disease, including alcoholism, before the disease becomes severe; before the social, psychological, and physical damage becomes irreparable; and before an ingrained disease pattern is established.

Within this context, intervention is an attempt to arrest the progression of the disease by responding to its early warning signs and getting a person into treatment. In the case of alcoholism, the immediate goal of intervention has two components: first, helping the alcoholic clearly recognize the harmful consequences of drinking; and second, helping the alcoholic recognize the need for treatment. This can be initiated by anyone close to the alcoholic, including family members, close friends, fellow employees, a physician, a member of the clergy, a judge, or an employer.

Intervention should be conducted in a supportive, non-accusatory manner. Nevertheless, the alcoholic must be made very aware of the extent of the problem, the negative influence the drinking has

upon others, and actions and attitudes while under the influence.

Prior to confronting an alcoholic, it is important that affected persons, i.e., those who are adversely affected by an alcoholic's drinking, seek professional help. There are several reasons for this. First, this allows them to vent their frustrations within a professional context, which, in turn, reduces the probability of their blaming the alcoholic during the confrontation. Second, it allows affected people to become more aware of how they respond to the alcoholic and of how they may have been supporting the drinking habit. Third, professional consultation provides guidance to affected individuals on how to expedite the intervention process in an effective, non-accusatory, and supportive manner. Fourth, concerned people can learn what treatment resources are available to help the alcoholic and how to connect the alcoholic with those treatment resources.

It is important that such individuals as family members, friends, and employers, who are concerned about and confront an alcoholic regarding drinking, be prepared for rejection. To take into account the possibility of the alcoholic's refusal to acknowledge a problem or consider treatment, it is necessary that contingencies or consequences be part of the intervention process. For example, an employer might stipulate that an alcoholic's continued employment is contingent upon entry into and completion of a treatment program. A spouse might stipulate that an intact marriage is contingent upon the alcoholic seeking treatment. Affected persons, however, should be very certain that they are willing and able to follow through with these contingencies. Another reason for seeking professional consultation, prior to confronting an alcoholic, is to carefully evaluate and scrutinize the contingencies one wishes to initiate.

CASE EXAMPLE

Thirty-six years old and unmarried, Yvonne has been employed for 12 years as an X-ray technician at a hospital.

She began drinking as a teenager. Once or twice a week, usually on weekends, she would drink a few bottles of beer or a few ounces of hard liquor. Over the years, her alcohol consumption slowly increased to the point where, for the last several years, she would drink three or four times a week, both after work and on weekends. Even though Yvonne does not intend to get drunk, she often does, and, furthermore, she

cannot predict when. She also experiences blackouts, some lasting several hours.

As well as having blackouts and losing control over the extent of her consumption, Yvonne often acts inappropriately while under the influence of alcohol. On a number of occasions, she has called fellow employees at their homes in the late hours of the night. When angrily confronted the next day, Yvonne would not remember making the calls and would be very apologetic. Yvonne has frequently arrived late at work with a noticeable odor of alcohol on her breath. Her absenteeism rate is also high. Most importantly, Yvonne's work performance has deteriorated to the extent where recently she mislabelled an X-ray with the wrong patient's name.

In response to this latest foul-up, her supervisor, Ken, decided to confront Yvonne. Prior to the intervention, Ken called an alcoholism treatment program and spoke with a staff member to ensure that treatment resources were available for Yvonne. Then he called her into his office and carefully explained, in a supportive and non-accusatory fashion, how he was concerned about her drinking and how it affected her work performance. He described how Yvonne's relationship with her fellow employees has deteriorated, that her absenteeism is unacceptably high, and that she frequently comes to work with alcohol on her breath.

Throughout the entire conversation, Ken acted in a manner which demonstrated his concern. He purposefully avoided acting in a condescending fashion. He informed Yvonne that her drinking was interfering with her work performance, that this was unacceptable, and that her continuing employment depended upon her entering treatment. He also told her that if she wished to continue working at the hospital, he would arrange for her to enter a treatment program.

PSYCHOLOGIST'S COMMENT

Yvonne is displaying signs of alcoholism which are detrimental to her work performance. If her employer were to ignore these signs, Yvonne's performance would undoubtedly continue to deteriorate and could interfere with proper medical treatment for patients. Further, as a result of Yvonne's behavior, morale among her fellow employees was low. Even though Ken felt uncomfortable confronting Yvonne, and despite not wanting to

hurt her feelings, he felt compelled to do so in order to arrest the deteriorative process that was adversely affecting her and those around her.

Difficulties with Intervention

There are difficulties associated with the intervention process which can result in a lack of success. The more factors there are in an individual's lifestyle which support drinking, the lower the probability that an intervention will be effective (i.e., that the alcoholic will respond, stop drinking, and enter treatment). For example, if an alcoholic's peer group consists of drinkers, it is usually difficult to convince him that he has a problem. He will probably wonder why he, and not his friends, is the one being labelled. Furthermore, if that peer group defines drinking-related problems as something to joke about or even to be proud of, then confrontations can be quite unsuccessful. Some individuals who are alcoholic even choose to give up jobs, marriages, and other relationships rather than stop drinking.

There are others who are so dependent upon what they perceive as the protective functions of drinking, including tension relief and reduced inhibitions, that they do not believe they can exist without it. To give up drinking creates panic. This is one very important reason why individuals delivering the intervention confrontation must demonstrate a supportive and caring attitude.

It is also difficult for people to assess themselves regarding a drinking problem. Because there is no standard designating how much drinking is safe drinking (it varies from person to person), because the effects of alcohol vary from person to person, and because drinking is so universally accepted, many alcoholics cannot understand why they are being confronted about their drinking and consequently feel tremendously resentful. They frequently feel insulted and believe that their privacy is being invaded. Furthermore, if an alcoholic is in a state of denial and really believes that there isn't a problem with drinking, then the person doing the confronting will probably be strongly challenged.

CASE EXAMPLE

Gerry is a 29-year-old construction worker. He and his wife Eileen have been married for five years. Prior to the marriage, they lived com-

mon-law for two years. They have two daughters, aged five and three.

Gerry is a heavy drinker. It is common for him to drink two to three bottles of beer with his lunch every day. Many of his fellow workers do the same. After work, at least two or three times a week, Gerry and his buddies from work will go to a pub and drink until about nine or 10 o'clock at night. On weekends, Gerry's favorite pastime is to watch sports on TV and sip beer.

Gerry does not enjoy going out with his family. Consequently, it is Eileen who takes the children to church or to the grandparents, leaving Gerry at home alone.

Eileen chose to live with and then marry Gerry, fully aware that he drank heavily. Her sincere hope was that he would moderate his consumption. This, however, did not occur. If anything, his drinking has increased over the years, and consequently she and the children are seeing less and less of him. He is either at work, at a pub, or sitting in front of the television sipping beer. Whenever Eileen talks with Gerry about his drinking, he responds angrily, claiming that he works very hard all week and deserves rest and relaxation.

Recently, Eileen spoke about Gerry's drinking with her minister, who listened carefully and then referred her to an alcoholism treatment centre. After several sessions with a counsellor, and after carefully weighing her options, Eileen arrived at the agonizing conclusion that she could no longer live with Gerry if he continued to drink. She also realized that her children would be better off not being continuously exposed to their father's drinking.

That evening, Eileen told Gerry that she wished to speak with him. She turned off the television set, sat down in front of him, and explained to him about the effects of his drinking. She also told him that she could no longer live with him if he were to continue to drink.

Gerry's immediate reaction was one of disbelief and then anger. He pointed out that all of his friends drank and their wives didn't "nag them." He told her that he holds down a good job, doesn't miss work, and provides well for her and the children. He accused Eileen of picking on him and trying to remake him into something he wasn't. He also angrily noted that she knew what he was like when she decided to live with him. He then stormed out of the house, only to show up three hours later, very drunk.

PSYCHOLOGIST'S COMMENT

At this point, Gerry is obviously not prepared to stop drinking. Because his drinking behavior is consistent with that of others in his peer group, he does not believe he has a problem. He clearly gave Eileen the message that the problem is hers, not his. As a result, Eileen is left with the option of remaining in the marriage as it is, or separating.

Confronting an individual who is alcoholic about drinking involves taking a risk. There is a possibility that the intervention will result in the person seeking treatment. On the other hand, confrontations can result in marriage and relationship breakdowns. However, by not being confronted, the alcoholic is enabled to continue drinking.

Susceptibility to Alcoholism

Despite the fact that anyone is susceptible to alcoholism, some people are more susceptible than others because they belong to certain high-risk groups. The rates of alcoholism among individuals in these groups are higher than average.

If an individual comes from a family where one or both parents are alcoholic, then the individual is more susceptible than others to becoming an alcoholic. Because of the anxiety-reducing properties of alcohol, people under continuous stress are also susceptible. Individuals undergoing a lifestyle transition are more prone to alcoholism. Examples of transition include cultural changes, job changes, divorce, and sudden unemployment. If persons are members of a group of traditionally heavy drinkers, such as certain cultural groups, there is a higher probability of their becoming alcoholic. Individuals experiencing chronic pain, and those with other chronic medical, psychological, or psychiatric problems, are also susceptible.

Regardless of who you are, what you do, or whether or not you are a member of a high-risk group, if you drink there is some potential for alcoholism to develop. To aid people in determining if a drinking problem exists, self-testing questionnaires have been developed. Here are some typical questions developed by Cohen in 1979. They are to be found in the National Institute on Alcohol Abuse and Alcoholism *Alcohol and Health Monograph #3*, pages 136-7 (see bibliography, page 89):

1. Do I get drunk when I intended to stay sober?

This question speaks to early loss of control over one's drinking.

2. When things get rough do I need a drink or two to quiet my nerves?

Using alcohol as a tranquilizer can be precarious because the dose is difficult to adjust and no other person is supervising the medication.

3. Do other people say I'm drinking too much?

If the negative effects of drinking are evident to more than one person, or to a single person on a number of occasions, this means that one's behavior is exceeding the social limits.

4. Have I gotten into trouble with the law, my family, or my business associates in connection with drinking?

Being arrested for drunk driving or for drunk and disorderly conduct is a sign of excessive drinking. Being confronted with difficulties at home or at work tends to be the cumulative effect of a long series of objectionable behaviors.

5. Is it not possible for me to stop drinking for a week or more?

Resolving to stop but not being able to carry it off indicates a definite psychological or physical dependence and reflects a serious loss of control.

6. Do I sometimes not remember what happened during a drinking episode?

Blackouts due to alcohol consist of variable periods of amnesia for what happened during the drinking bout.

7. Has a doctor ever said that my drinking was impairing my health?

Although it is now possible to pick up early evidence of harmful drinking, by the time a medical examination reveals abnormalities attributable to alcohol, it is clear that continuing to drink as before will further damage one's health.

8. Do I take a few drinks before going to a social gathering just in case there won't be much to drink?

Assuring oneself of a sufficient supply of alcohol "just in case" is evidence of an unhealthful preoccupation with alcoholic beverages.

9. Am I impatient while waiting for my drink to be served?

The urgency to obtain a drink or gulping drinks reflects a craving.

10. Have I tried to cut down but failed?

This is more evidence of loss of control.

11. Do I have to have a drink in the morning because I feel queasy or have the shakes?

The relief obtained from a drink after rising is apparently due to the relief of early, mild withdrawal symptoms.

12. Can I hold my liquor better than other people?

Being able to hold one's liquor is not necessarily evidence of freedom from the complications of drinking. It may indicate the development of tolerance due to the persistent consumption of large quantities.

13. Have any members of my family been alcoholics?

People whose parents or siblings have had serious problems with alcohol have a reason to be more watchful of their own drinking habits.

Unfortunately, many alcoholics, while in a state of denial, will read such a questionnaire and convince themselves that these statements do not apply to them. This is yet another example of how denial insulates the alcoholic from recognizing the harmful effects of drinking.

12

TREATMENT

Some alcoholics stop drinking forever. They simply put the bottle away, never to touch it again. But for the great majority of alcoholics, recovery is not so easy. Prior to achieving permanent sobriety, many individuals have relapses—they resume drinking after periods of abstinence. Others never recover. They eventually die from alcoholism or some complicating factor of alcoholism.

Despite the fact that some individuals die from alcoholism or a related disease or accident, all alcoholics have the potential to recover.

Though some people and those around them believe that they are hopeless, there is no such thing as a hopeless alcoholic.

Although some individuals find recovery considerably more difficult than others, and greater effort may be required, recovery is still possible. As with other diseases, professional treatment usually facilitates recovery from alcoholism.

Treatment for alcoholism cannot rid a person of the disease. Once an individual has the disease, he or she is alcoholic for life. What treatment can do, however, is help an individual *arrest the progression* of the disease.

Treatment is a process with several phases or stages. The first stage involves helping the individual accept that he or she is alcoholic and what that means: that he or she cannot drink safely, and that continued drinking will result in progressive deterioration. The

person must learn that sobriety is the only viable alternative. The second stage helps an individual deal with the emotional issues associated with drinking. Eventually—and it takes time—the alcoholic begins to feel psychologically better. This, in turn, allows a person to enter the third stage, which involves making lifestyle changes to facilitate and maintain sobriety.

Stage I

Accepting that one is an alcoholic is the beginning of the recovery process. If one ignores the disease, it usually gets worse. Most people, however, find it difficult to accept that they are alcoholic and that they cannot drink safely. For many, the idea of giving up such an important part of their lives is beyond comprehension. Also, many individuals find it difficult to accept that they cannot control how much they drink. Despite a history of excessive drinking and trouble, they usually believe that “this time it will be different.”

Because alcoholism is an addiction, alcoholics are unable to drink in a social fashion for any extended period of time. They invariably resume heavy drinking. *Even if abstinent for an extended period of time, an alcoholic who resumes drinking will, sooner or later, lose control over consumption. Many alcoholics find this reality very difficult to accept.*

Alcoholics often balk at the idea of abstinence because, for them, drinking has a strong, emotionally gratifying component. Upon drinking, within a matter of moments, alcoholics usually begin to feel good. Effectively, alcohol dulls emotional and physical discomfort. Many alcoholics are either not prepared, or find it very difficult, to relinquish this relief and, in order to hold onto it, convince themselves they can drink safely.

The treatment process is oriented to breaking down this false belief. It enables alcoholics to view their drinking from a realistic perspective and to see it for what it really is. They are therapeutically forced to examine how their drinking has hurt both themselves and those around them. They are encouraged to weigh the immediate, short-term, positive effects against the long-term, harmful consequences.

This process helps alcoholics recognize that a lifestyle of drinking is a lifestyle of progressive deterioration, and that abstinence is a

basic prerequisite and continuing requirement for recovery. Once an individual accepts that he or she is an alcoholic and cannot drink safely, it is time for the second stage of the treatment process.

Contrary to popular belief, in order for treatment to be effective the alcoholic does not have to be motivated for treatment or even admit that there is an addiction. The objective of the first stage of treatment is to bring about recognition and motivation.

Stage II

Alcoholics experience a variety of drinking-related problems. The most common are marital, social, and employment difficulties. Others also experience legal and medical problems. In response, most alcoholics feel badly. They rarely drink with the intent of causing trouble for themselves or others. Rather, alcoholics drink because they wish to feel better. However, over time, as drinking-related problems accumulate, alcoholics correspondingly feel progressively worse. They come to believe they are no good, that others don't understand or care about them. Feelings of depression and isolation are common. Continued drinking is therefore enticing because it effectively dulls these feelings. Unless alcoholics begin to understand and share these feelings with others whom they learn to trust, they will probably start drinking again. If alcoholics can gain some self-respect, can learn to relate effectively with others, then continued drinking becomes less enticing. In other words, drinking becomes less appealing if alcoholics develop alternative ways of dealing with their emotions.

The second stage of treatment encourages alcoholics to learn to trust and share feelings with others: first, to trust the counsellor in the treatment program and some of the other participants; second, to generalize this trust to include others. During this stage, alcoholics also learn to relate more effectively with others who have been hurt as a consequence of their drinking. Furthermore, they learn that abstinence alone is not enough, that recovery involves attitudinal and lifestyle changes.

Stage III

The third stage of treatment helps alcoholics recognize how drinking had been an encompassing and implicit part of their lifestyle and how much of what they did was related to or revolved

around drinking. They learn how they used alcohol in a variety of ways to satisfy their needs. They also learn that abstinence alone creates a vacuum, because, when it comes to satisfaction, they are not fulfilling the void left by alcohol.

Sobriety is abstinence, reinforced by positive attitudinal and lifestyle changes. Consequently, alcoholics must change their attitudes toward how they relate to others. They must learn to trust, rather than accuse. They must also learn to share their feelings and opinions, and let others do the same. Alcoholics must also learn to respond differently to stressful situations, to ask others for help when they need it. Furthermore, they must change their recreational activities. If they stop drinking but otherwise engage in a lifestyle similar to when they were drinking, such as going to pubs and drinking parties, they will soon resume drinking.

The third stage of treatment provides alcoholics with an opportunity to jump tracks—to switch from a lifestyle of drinking to a lifestyle of sobriety.

Treatment Programs

Almost every major city in Canada and the United States has a centre for the treatment of alcoholism and drug addiction. Some of the larger cities have several. In Canada, most programs are offered, at no charge for Canadian citizens, by clinics, institutions, and hospitals funded by the provincial and federal governments.

Although programs vary, there are basic similarities. Clients are usually accepted into treatment centres after referrals by family, friends, employers—or themselves. Other clients are referred by such professionals as psychologists, physicians, members of the clergy, probation officers, social workers, teachers, or lawyers. Others are referred on a mandatory basis, by the courts.

Regardless of the referral source, most alcoholics entering a clinic, institution, or hospital can expect to go through some type of admission process to determine what type of treatment program is best suited for them. Although some treatment centres encourage clients to be actively involved in the decision-making process, difficulties often arise for those clients who refuse to accept that they are alcoholic and feel they have been coerced into treatment. The admission process is therefore an initial step in helping clients recognize

and accept their alcoholism.

Once admitted, most clients are put into a treatment program. Many centres offer both inpatient (residential) and outpatient (non-residential) programs. Some programs cater specifically to adults, others to youths. While some alcoholism treatment centres have co-ed programming, others separate males and females. Programs usually run between two weeks and a few months.

Clients in a treatment program are encouraged to move through the three stages of alcoholism recovery already described in this chapter. Though not all clients are successful, and recovery rates vary, many clients *do* learn to accept their alcoholism, *do* deal with and resolve emotional issues associated with the disease, and *do* initiate changes in their lifestyles to maintain sobriety.

The next phase of programming, after admission and treatment, is aftercare or follow-up. Once formal treatment is completed, rather than having clients completely fend for themselves in what can be a very frightening world, many centres offer aftercare services which support clients in maintaining sobriety and help them re-integrate into the community. While some alcoholics may require a halfway house, others may only need a few post-treatment, outpatient counselling sessions. It is during this phase that clients are encouraged to get involved with community resources which facilitate the maintenance of sobriety. Alcoholics Anonymous is the most popular and universally effective of these resources.

What Type of Treatment Program Is Required?

Like other chronic illnesses, alcoholism varies in severity from one person to the next. Like people with other diseases, people in the early stages of alcoholism do not require the intensive treatment necessary for late-stage alcoholics. Given that most early-stage alcoholics are still functioning relatively well compared to late-stage alcoholics, they do not usually have to leave their environment in order to recover. In these cases, outpatient programs are usually preferred. These programs typically run for several weeks and often occur in the evenings, allowing clients to attend program sessions with minimal disruption to their jobs or families.

Outpatient programs generally consist of lectures, films, and group or individual counselling sessions aimed at helping clients

progress through the three stages of recovery. Clients learn about alcoholism and how alcohol consumption adversely affects their lives. They are encouraged to personally determine what changes of attitude and lifestyle are required to achieve and maintain sobriety. Frequently, outpatient programs encourage family attendance so that family members may also develop an understanding of alcoholism.

Middle- and late-stage alcoholics usually require more intensive treatment than is offered in outpatient settings. Because many late-stage alcoholics have difficulties remaining abstinent for any length of time, in order to recover, they usually have to leave their environment and enter inpatient programs. Inpatient programs are similar to, but considerably more intensive than, outpatient programs. Usually they also consist of individual counselling sessions, group counselling, learning sessions, and films. The focus is the same, i.e., clients are encouraged to work through the three stages of recovery. Families of clients are also encouraged to be involved.

Some clients, prior to entering a program, require professionally supervised detoxication. For many alcoholics, the sudden cessation of drinking will result in withdrawal symptoms. Withdrawal may be limited to feelings of anxiety and tremors (the "shakes"). Sometimes, it is more severe and can include agitation, convulsive seizures, and even frightening hallucinations where people see, hear, and feel things that are not really there. During withdrawal, people require close monitoring and, in some cases, medication and medical supervision. The period of withdrawal can last for a week or more. Once a person is fully detoxified, he or she is then ready to enter a treatment program.

Many individuals apply what they learn from an alcoholism treatment program and make changes in their lifestyles which support sobriety. Others, however, stop drinking but go no further in initiating lifestyle changes. They continue to behave in the same manner that they did during the time of their lives when they drank. Typically, these people soon resume drinking.

Aftercare, which usually consists of post-treatment group or individual counselling sessions, helps clients to make changes in their lifestyles in order to maintain sobriety. It is a process aimed at preventing relapse—the resumption of drinking. Clients are encour-

aged to learn to relate to others in a sober fashion, to engage in non-drinking-related recreational activities, and to respond to their emotions in ways other than drinking. They are also encouraged to join support groups which facilitate sobriety, such as Alcoholics Anonymous.

The process of recovery from alcoholism is, therefore, considerably more than three or four weeks of formal programming. It is actually a life-long process geared to maintaining a change in lifestyle which supports continuing sobriety.

Problem Drinkers and Recovery

Problem drinkers are different from alcoholics in that they can moderate their consumption and drink socially. For this to occur, problem drinkers must first accept that they have a problem with drinking. To achieve this, many attend outpatient programs. To facilitate a social style of consumption, they too must learn that lifestyle changes are required.

Many alcoholics falsely believe that they are merely problem drinkers and that if they were to change their lifestyles, they too could drink safely. Although problem drinking is harmful, individuals still retain control over how much they drink, where they drink, and when they drink. Alcoholism is considerably more complicated than this. Unlike problem drinking, it is a disease which results in those people who suffer from it losing control over how much they drink, as well as, in the later stages, when and where they drink. Also, unlike problem drinkers, alcoholics are unable to drink in a social manner. Therefore, abstinence, followed by sobriety, is the only viable alternative. Alcoholics cannot become social drinkers.

13

OBSTACLES TO SOBRIETY

Recovery from alcoholism is a continuous, life-long process. Because the alcoholic is never cured, a person must continuously work to ensure that his or her alcoholism remains in its arrested state. Alcoholics therefore have two choices: to remain sober, or to drink. If alcoholics stop working at recovery, they increase the probability of a relapse, i.e., the resumption of drinking. Indeed, many alcoholics do slip into old habits and lifestyles and start drinking again.

Relapses, and the necessity of actively working to prevent them, are not unique to alcoholism. People afflicted with chronic illnesses, such as heart disease, hypertension, and diabetes, must continuously work at maintaining attitudes and lifestyles which prevent or minimize the recurrence of symptoms of their diseases. With alcoholism, there are several issues which must be dealt with to achieve and maintain sobriety.

Over confidence

Once they stop drinking, the majority of alcoholics experience a period of emotional distress before they feel comfortable living without alcohol. There are, however, some individuals who begin feeling better almost immediately. As a result, these people often become over confident and believe they can handle the stresses of living without proper support. They disregard the fact that alcoholism is never cured, and that if they do not continuously work to maintain sobriety, they can easily slip back into a lifestyle of drinking. They pull away from support systems such as AA, prematurely stop

attending aftercare sessions, and engage in the same activities they did when they were drinking. Also, individuals who are overconfident usually shy away from others who can help them. They usually think that their problems are resolved and they can drink safely. Individuals in this “honeymoon state” believe that everything is fine and it will last forever. What these people do not recognize is that many of their problems were a direct result of drinking, and that the resolution of these problems does not rid them of their alcoholism. Whether or not an alcoholic is experiencing problems, he or she still cannot drink safely.

CASE EXAMPLE

Jennifer is a 27-year-old who is alcoholic and, in response to drinking-related marriage and employment problems, decided to enter a treatment program. Upon completing the program, she attended AA meetings regularly for about three weeks. But, as she began to feel better and as her marriage and job situation improved, Jennifer lost interest in attending meetings. Because things were going well, she believed she no longer required support.

Missing her drinking friends, Jennifer resumed her old lifestyle of hanging out in bars after work. At first she ordered non-alcoholic beverages, but soon started drinking liquor again. Jennifer's reasoning was that her life was improving and, consequently, she could now drink safely. It took about three weeks for her old pattern of drinking to re-emerge and, before she knew it, she was again experiencing difficulties.

An alcoholic's family and friends may also harbor feelings of over confidence regarding the person's recovery. As a result, they may unknowingly contribute toward a relapse by naively believing that once an alcoholic's problems are resolved, he or she can drink safely.

Impatience

Feelings of impatience commonly plague alcoholics who have recently become abstinent. Because drinking quickly blunts uncomfortable feelings, alcoholics become very dependent upon immediate relief. Consequently, when they stop drinking and have difficulty dealing with feelings of discomfort, they need immediate relief from the stresses of life. When this doesn't occur, they frequently become frustrated and impatient for things to get better quickly.

Naively, despite years of drinking and the subsequent accumulation of drinking-related problems, when alcoholics stop drinking they expect to feel better immediately.

CASE EXAMPLE

Mike is in his third week of recovery at an alcoholism treatment centre. Because drinking-related problems have amassed over the years, Mike is experiencing depression and anxiety—two feelings commonly associated with the early stage of recovery. Yet, despite years of drinking and trouble, Mike is expecting to feel better immediately and is finding it difficult to believe that his uncomfortable feelings will diminish with time, abstinence, and changes in his lifestyle. Feeling distressed, he wonders if remaining abstinent, and in the program, is worth it.

Typically, it takes several months, and for some, several years, before alcoholics feel comfortable living without the immediate relief-producing effects of alcohol. As a result, many become disenchanting and resume drinking.

Discontentment

Maintaining sobriety is difficult for alcoholics who have recently stopped drinking. They must learn to accept and live with feelings of discomfort. They must learn to trust, to share their feelings with others, to assume responsibilities, and to follow through with commitments. They must refrain from associating with friends and associates who drink heavily and try to entice them into drinking. They must become involved in recreational activities that do not involve drinking and make new friends who do not drink. If they do not do this, but instead just sit around, they will become bored and depressed.

CASE EXAMPLE

Robert used to be married and at one time was a successful lawyer. However, years of drinking destroyed his marriage and law practice. Penniless and physically deteriorated, he ended up at a detoxication unit. From there, he was transferred into a residential treatment program and then, upon completion, into a halfway house.

While staying at the halfway house, Robert was encouraged by his

counsellor to attend AA meetings and, eventually, a job-training program. Finding this process intimidating, Robert prematurely left the halfway house and found a place to stay in a rooming house. Knowing that he should not drink, but also fearful of attending AA meetings and making new friends, he became bored and depressed. Finding no other alternative, Robert started to drink again.

PSYCHOLOGIST'S COMMENT

The conflict between the pressure to change one's lifestyle and the boredom and depression resulting from not doing so is very uncomfortable. Feeling that life was better when drinking, many alcoholics, like Robert, see drinking as the only solution.

Denial

If alcoholics do not become actively involved with a support system which encourages sobriety, they face the probable recurrence of denial (Chapter 6). They will start to entertain the idea that they are not alcoholic and that they can drink safely. If they do not associate with people who are knowledgeable about alcoholism and challenge their ideas, their thoughts of drinking will strengthen, and they will probably relapse.

Fear and Vulnerability

Drinking frequently functions as a buffer between alcoholics and what they perceive as a threatening world. Alcohol insulates such people, not only against stresses which occur as a consequence of their drinking, but also against the usual stresses of life. When alcoholics stop drinking, they find they are suddenly confronted with an accumulation of problems. Among other things, they must learn to relate effectively to others, to be responsible, to be emotionally intimate with those they love, to function effectively at work, and to re-learn how to have fun—all without drinking. In addition to the day-to-day problems everyone experiences, alcoholics must also face problems resulting from drinking, such as criminal charges, marriage problems, and financial debts. Not surprisingly, many individuals experience fear and an extreme sense of vulnerability when confronted with all of these issues. In this situation, alcoholics require a great deal of support and guidance from others who can help them learn to deal with this reality. Without support, they usually resume drinking.

Lethargy

Due to the accumulated problems resulting from drinking, many newly abstinent alcoholics believe that the task of achieving sobriety is insurmountable. Feeling that they will never be comfortable without alcohol, many individuals wonder if it is even worthwhile trying. Feelings of lethargy, followed by inaction (which is habit-forming), typically occur. Unless alcoholics literally force themselves to be active and to associate with others who support their attempts to achieve sobriety, lethargy and then boredom set in, and resumption of drinking usually occurs.

Self-Pity

Some alcoholics believe, once they stop, that others somehow owe them a favor and should cater to them. They also believe they should feel better without making an active effort to be so. When these unreasonable expectations are not realized, feelings of self-pity typically occur. They convince themselves that their lot in life is considerably worse than that of others, that it will never get better, and that there is no sense trying to make it so. Subsequently, they pull away from support systems and resume drinking. However, it is only by trying, by making an active effort, that their lives will get better. It is very important that people in a state of self-pity have others around who will challenge them.

CASE EXAMPLE

Because of her drinking, Patricia lost her job at a factory, her husband was angry and threatened divorce, and her children did not trust her. Fearful of losing her family, as well as her job, Patricia reluctantly entered a non-residential treatment program.

Throughout the early part of the program, Patricia expressed resentment toward her family and ex-employer, claiming they did not understand her, that they were trying to control her, and that they were acting unfairly. She also believed they were blowing the entire situation out of proportion and exaggerating how much she drank. Experiencing a high degree of self-pity, Patricia did not realize how her attitude was interfering with her recovery, i.e., that she was not recognizing her drinking for what it was.

Only after Patricia's counsellor helped her become aware of her self-pity, how she blamed others, and the negative influence of her drinking

upon her family and job, did she begin to perceive the situation more clearly. As her feelings of self-pity diminished, she became more receptive to the concept of sobriety.

Feelings versus Actions

Unless alcoholics learn to distinguish between feelings, and actions in response to those feelings, they will find sobriety very difficult.

People experience a variety of emotions. Some, such as joy, happiness, love, and contentment, are pleasurable; others, such as anger, fear, depression, and loneliness, are uncomfortable. Regardless of how a person feels, there is usually more than one way to respond. Some responses may be appropriate, while others may be inappropriate or even harmful. For example, a person feeling anger may respond by sharing the feelings with others, yelling, striking someone, or drinking. *The manner in which people choose to respond to their emotions contributes to whether or not they have a satisfactory lifestyle.*

Because alcoholics frequently drink in response to uncomfortable feelings, when they stop drinking they are usually naive about how to respond appropriately to their emotions. Like young teenagers, they go through a trial-and-error period in learning to differentiate between *having* feelings and *responding* to them. They must realize that, despite the fact that feelings may be pleasurable or uncomfortable, they are neither good nor bad. What is either good or bad is how one reacts to one's emotions. For example, if an alcoholic usually responds to feelings of anger by striking people, when he stops drinking, he might believe that anger is bad. However, what is bad is how he used to respond to his anger, and not the anger *per se*. Upon becoming abstinent, his task will be to learn how to respond differently to feelings of anger.

Anxiety

Anxiety is an emotion similar to fear. Yet, while fear is a well-defined response to real or imagined danger, anxiety is a fear-like response to something vague or undefined. There are two basic types of anxiety. One is normal anxiety which occurs for a reason, the other is abnormal or pathological anxiety which occurs without apparent reason.

The symptoms of anxiety vary according to severity, but include increased heartbeat, heightened blood pressure, rapid pulse, rapid breathing, increased perspiration, tension, and jumpiness. Severe anxiety can also result in a loss of appetite, nausea, vomiting, trembling, and stuttering or stammering. Some people also experience insomnia and, if they do fall asleep, have nightmares. Mild anxiety is usually experienced as a sense of unease, moderate anxiety as a sense of apprehension, and severe anxiety as a sense of dread.

When alcoholics stop drinking, they typically experience bouts of anxiety which vary in intensity. Given that alcoholics drink in order to insulate themselves from reality, when they stop, they are exposed to a variety of stresses they aren't used to. The result is anxiety. Because they are used to the stresses of everyday living, people who are not alcoholic do not usually experience such anxiety. As alcoholics become sober and therefore more aware of the stress of living, anxiety slowly decreases to normal levels. Until this occurs, drinking as a method of anxiety reduction remains appealing to many alcoholics who have recently stopped drinking.

Part of recovery from alcoholism involves the recognition and acceptance that some degree of anxiety is normal for survival. Anxiety keeps the body alert and prepared for action. It is a signal which warns individuals of impending danger and stimulates the body to respond to the danger. For example, if an individual is faced with a stressful situation such as going to a new job, transacting a major purchase, making an important decision, giving a presentation, writing an exam, or placing trust in someone, he or she *should* feel anxious. Appropriate anxiety allows individuals to respond more effectively to many situations.

Because alcoholics are so dependent upon sedating or relaxing themselves with alcohol, they are not used to the normal anxiety which most people hardly notice. As alcoholics remain sober, they too become used to this normal anxiety. Should debilitating anxiety continue in recovery, professional assistance should be sought.

Conflict and Frustration

Conflict and frustration are two conditions interfering with the satisfaction of a person's needs. Conflict occurs when a person is torn between two goals, needs, desires, roles, or drives. As a result, frustration—a feeling which accompanies indecisiveness, being defeated, thwarted, or baffled—occurs.

Although people are often frustrated by environmental situations such as bad weather, the inability to afford something, or a flat tire on the highway, the most debilitating source of frustration is conflict between motives or desires. For example, a person who cares for another individual may be in conflict over the need to express his feelings, and his fear of possible rejection. Another example would be an individual who is in love with someone, yet is fearful of being close because she does not trust that person. Feelings of frustration occur when two motives, needs, or desires are in conflict, and when the satisfaction of one does not satisfy the other. Either way, the person feels like a "loser."

There are four general sources of frustration. Physical sources usually have to do with environmental factors, such as clothes not fitting properly, not enough time to do things, or the pre-emption of a favorite television show. Biological sources can include the frustration associated with an illness or dissatisfaction with one's looks, abilities, skills, or intelligence. Psychological sources include having guilt feelings over something one really wants to do—or having uncomfortable feelings such as fear, shyness, and anxiety. The last major source of frustration is cultural. This involves frustration over societal rules and regulations, cultural expectations, and various types of peer pressure.

If alcoholics wish to remain abstinent, they must eventually learn to deal with feelings of frustration in ways other than drinking. They must also learn to develop a flexible and compromising attitude toward the conflict between their needs and society's rules, moral restrictions, and the law.

Guilt

Guilt is a form of self-blame which, in its most severe state, can be destructive. It occurs when people act, or feel like acting, in ways which as children they were taught are bad. If we want to do, or have done things, inconsistent with our values, guilt commonly occurs.

When alcoholics stop drinking, feelings of guilt are often predominant. By virtue of becoming sober, alcoholics must deal with many of the drinking-related problems that occurred in the past. They must also face the fact that they acted, while under the influence of alcohol, in ways inconsistent with their true values—actions which they wouldn't consider when sober. For some people, the

feelings of guilt are so intense that continued drinking remains highly appealing, and, unless these feelings are resolved, they probably will start drinking again.

Sexual Conflict

One of the major sources of guilt, anxiety, fear, and frustration for alcoholics is sexual conflict. The multi-faceted conflict between one's sexual urges, moral expectations, fear of becoming close with others, and society's values can be overwhelming. Many alcoholics have only known relationships while they were drinking. When they stop drinking, they commonly experience feelings of insecurity in relating with the opposite sex. Typically, their position is similar to that of young teenagers who are just learning about intimacy. Consequently, as a result of the implicit anxiety associated with this process, many men experience impotence and many women do not experience orgasms. These problems usually clear up in several months; as individuals become used to sobriety, the problems disappear. If sexual problems persist, however, professional help should be sought.

Harmful Peer Pressure

Some alcoholics discover that their recovery process is sabotaged by family and friends. Because families or friends may not accept they are alcoholic, they may encourage alcoholics to resume drinking. One reason for this is embarrassment that one of their members is alcoholic. They want to believe the person is a social drinker. They fabricate excuses, other than being an alcoholic, for why the person has problems when drinking and try to convince the individual that he or she can drink safely. For an alcoholic, this is futile. In other cases, family members or friends are also heavy drinkers and find an alcoholic's attempt at abstinence either guilt-producing, inconvenient, or annoying. Commonly, when an alcoholic stops drinking, others often consider their drinking. If they too have problems with drinking but are not prepared to deal with them, they often pressure the alcoholic to resume drinking in order to avoid feeling guilty themselves.

For example, an alcoholic decides to stop drinking. Because his drinking buddies are not prepared to stop, they feel uncomfortable in his presence, since he is now perceived as being different. They start to feel guilty about their drinking, don't enjoy drinking in front

of him, and find him boring when he doesn't drink. Consequently, they give him the message that he is no longer part of their group, unless he resumes drinking.

Family Reunification

The problems that families of alcoholics typically experience are described in Chapter 8. These include ineffective patterns of communication, unhealthy coalitions, role confusion (being unsure of how to behave), faulty role modelling, and a general level of unhappiness. Despite their unhappiness, however, family members adapt to and become used to an alcoholic's drinking. They develop self-protective ways of dealing with the alcoholic.

When an alcoholic stops drinking, this necessitates a shift in the balance of the family. Family members are confronted with, and must learn how to live with, a person who is now different. Despite family members' previously wishing that an alcoholic would stop drinking, they often resist new ways of behaving when he or she does. This results from two causes: first, their being used to behaving in a particular fashion toward the alcoholic; second, their fear that the alcoholic will start drinking again. Consequently, many alcoholics stop drinking only to find that their families still treat them as if they drank. For example, the children of an alcoholic mother may avoid sharing their feelings with her because they know that, due to her drinking, she will respond in an erratic fashion. When she stops drinking, they still remain unsure of her and continue to be withdrawn.

When alcoholics stop drinking, they usually wish to become more involved with their families and assume more responsibility. This puts pressure on their spouses to share many of the duties once handled alone. Many spouses of alcoholics find it difficult to relinquish responsibilities because they are fearful that the drinking will start again and they will once again have to clean up the mess created by the unmet responsibilities of the alcoholic. Consequently, the alcoholic remains isolated from the family despite the fact he or she no longer drinks.

Many spouses of alcoholics experience subtle gains due to their partners' drinking. Because spouses are typically distracted by the others' drinking, they usually do not deal with their own problems. When alcoholics become sober, their spouses are put in the uncom-

fortable position of having to deal with their own problems. Consequently, many spouses have difficulty dealing with an alcoholic's sobriety.

Further, when alcoholics are drinking, their spouses frequently receive sympathy from others. People spend a lot of time listening to them and offering support. When an alcoholic stops drinking, the spouse no longer receives the attention that he or she used to. The spouse is no longer in the spotlight of sympathy. In fact, it is now the alcoholic who usually receives the supportive attention from others. In response, some spouses feel left out and become resentful. Some even secretly wish that the alcoholic would start drinking again, and create subtle pressure so this might happen.

Some children of alcoholics may also miss the drinking. This is because these children frequently received special attention from others and others also expected less from them. For example, a teacher believes that one of her students is not doing well in school because the student has an alcoholic parent. In response, the teacher is sympathetic toward the child and does not have the same expectations of the child that she has for others in the class. When the student's parent stops drinking, the student is no longer given special treatment.

Thus, many alcoholics stop drinking only to discover that their families respond to them in the same way as when they drank. Consequently, whether or not they are drinking, these individuals still remain isolated from and rejected by their families. This situation is highly conducive to relapse. If the alcoholic does resume drinking, this further entrenches how the family responds.

People in the field of alcoholism treatment now recognize that the alcoholic's family is also adversely affected by his or her drinking and that its members, too, must change their attitudes and lifestyles in order for everyone to recover.

* * * *

Sobriety

Sobriety occurs after drinking has stopped and a person becomes used to living without reliance on alcohol. The road to sobriety is long, difficult, and plagued with obstacles. However, with

proper support and guidance, sobriety can be achieved. The next chapter deals with one of the most effective methods of support and guidance.

14

LIVING WITHOUT ALCOHOL: ALCOHOLICS ANONYMOUS

After an alcoholic stops drinking, it typically takes one to two years to change attitudes and lifestyle so that he or she feels comfortable living without alcohol.

Sobriety, therefore, is both a state of mind where an individual has the emotional skills to cope with reality, and a lifestyle which supports abstinence.

A sober attitude and lifestyle do not immediately occur with the cessation of drinking. They grow slowly as the individual works at recovery.

In order to achieve sobriety, an alcoholic must survive a one- to-two-year transition, which consists of first becoming abstinent and then a reorientation from a lifestyle of drinking to a lifestyle of sobriety. During this period, a person must contend with the various obstacles to sobriety described in the previous chapter. Further, he or she must continuously lead a lifestyle, and maintain an attitude, which prevents a loss of sobriety. One of the most effective methods for doing this is the program of Alcoholics Anonymous, which helps a person both achieve and maintain sobriety.

What is Alcoholics Anonymous?

Alcoholics Anonymous (AA) consists of groups of alcoholics who support one another in maintaining sobriety, and who help those who wish to achieve sobriety. The AA program helps people

deal with the ups and downs of everyday living, all the while remaining sober. AA groups are self-help in nature. Recovering alcoholics help one another in recovery and are not dependent upon external sources.

AA groups exist in most cities and towns in Canada and the United States and vary in size from a few people to dozens. While most groups are co-ed, there are some for men only and others just for women. Adults and teenagers of all ages, occupations, social classes, religions, and ethnic backgrounds attend.

Why Attend AA?

Although some alcoholics stop drinking and remain abstinent with minimal support, most cannot. Because alcoholism is a debilitating illness, most alcoholics require assistance to recover. If a person sincerely desires to stop drinking and make lifestyle changes, common sense dictates that he or she seek guidance from those who are experienced and successful. When recovering from alcoholism, as with most endeavors, those with minimal experience easily benefit by associating with those who have experience. Rather than attempting to recover through a lengthy trial-and-error process, and eventually becoming frustrated and discouraged, it is preferable to learn from those who have experience and are successful with recovery.

Besides receiving guidance from other AA members, there are other advantages to attending meetings. These include learning to function within a social situation, receiving positive peer encouragement to remain sober, learning from the role-modelling influence of others about how to deal with the stresses of living, and learning to trust and relate to others. AA groups are accessible for continuous and long-term support.

Alcoholism and Other Drug Use

Besides drinking, some alcoholics use other intoxicants, including street drugs such as marijuana, hashish, amphetamines, cocaine, various narcotics, and hallucinogens such as LSD. Others also abuse prescribed medications such as minor tranquilizers and analgesics (pain killers). *What recovering alcoholics must realize is that alcoholism, besides being an addiction to the drug alcohol, is also an addiction to avoiding reality.* If an individual stops drinking, but

continues to use street drugs or abuse prescribed medications, he or she is still avoiding reality and therefore inhibiting recovery. As well as the AA program, a parallel program called Narcotics Anonymous is effective in combating other drug use.

Dealing with Reality

Alcoholism encompasses considerably more than just an addiction to the drug alcohol. Due to the progressive nature of the illness, alcoholics also become addicted to avoiding reality. They become increasingly dependent upon alcohol as a tool to help them deal with the stresses of life. Consequently, alcoholics become less used to dealing with life in an abstinent fashion. Through lack of practice, they may lose such coping skills as the abilities to relate socially, trust others, make decisions, work productively, relax, act responsibly, parent effectively, and have fun—all without drinking. Like young teenagers, recovering alcoholics must learn to deal with reality in a mature manner. For many, this is a Herculean task and can only be accomplished with appropriate support and guidance.

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ALCOHOLISM

From Recognition to Recovery

by Arthur Herscovitch

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Should you be concerned that you or someone you know may be heading for a problem with alcohol, here are some courses of action you can follow.



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